

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 09 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 747292 (1)
1. Corporation Name
THE FIRST ALLIANCE CHURCH OF THE CHRISTIAN AND MISSIONARY ALLIANCE OF JACKSONVILLE, FLORIDA

Principal Place of Business 1132 HAMILTON STREET JACKSONVILLE FL 32205	Mailing Address 1132 HAMILTON STREET JACKSONVILLE FL 32205
--	--

3. Date incorporated or Qualified
05/22/1979

4. FEI Number 59-3155833	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
------------------------------------	---	---

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**BAUER, DENNIS
1171 S. LANE AVE.
#410
JACKSONVILLE FL 32205**

10. Name and Address of New Registered Agent

81 Name	JOSEPH GRAVELLE JR.
82 Street Address (P.O. Box Number is Not Acceptable)	1800 BLANDING BLVD. #39
83	
84 City	JACKSONVILLE FL
85 Zip Code	32205

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE **4-2-98**
Joseph Gravelle Jr.

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	WARREN, DIANE	
STREET ADDRESS	1127 DANCY STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	WARREN, RICK	
STREET ADDRESS	1127 DANCY ST	
CITY-ST-ZIP	JACKSONVILLE, FL 00000 32205	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STRUNK, MARIE	
STREET ADDRESS	1154 HAMILTON ST	
CITY-ST-ZIP	JACKSONVILLE, FL FL 32205	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Diane Warren* **March 31, 1998** (904) 387-6296

CR2E037 (10/97)