2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 747292

1. Entity Name
THE FIRST ALLIANCE CHURCH OF THE CHRISTIAN AND MISSIONARY ALLIANCE OF JACKSONVILLE, FLORIDA

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

DO NOT WRITE IN THIS SPACE

01272004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3155833
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WARREN, RICHARD H
1127 DANCY STREET
JACKSONVILLE, FL 32205

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	FARNHAM, STEPHEN F
STREET ADDRESS	1120 DEPAUL DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	CD
NAME	WARREN, RICK
STREET ADDRESS	1127 DANCY ST
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	SD
NAME	STRUNK, MARIE
STREET ADDRESS	1154 HAMILTON ST
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000028118
02/04/04-80014-001 61.25

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard H Warren 1-29-04 904 3876296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #