

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 01, 2005 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

**1132 HAMILTON STREET  
JACKSONVILLE, FL 32205**

Mailing Address

**1132 HAMILTON STREET  
JACKSONVILLE, FL 32205**



03082005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
IN THIS SPACE**

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
FARNHAM, STEPHEN F  
1120 DEPAUL DRIVE  
JACKSONVILLE, FL 32218**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CD  
WARREN, RICK  
1127 DANCY ST  
JACKSONVILLE, FL 32205**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
STRUNK, MARIE  
1154 HAMILTON ST  
JACKSONVILLE, FL 32205**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

00000283777  
04/01/05-80042-004 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Vice Chairman of the Board* 3/8/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

809 3888801