# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:19

DOCUMENT # 751563 (8)

1. Corporation Name
THE FIRST ALLIANCE CHURCH OF MIAMI, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 15651 N.W. 6TH AVENUE<br>MIAMI FL 33169 | 15651 N.W. 6TH AVENUE<br>MIAMI FL 33169 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/17/1980
3a. Date of Last Report: 08/30/1994
4. FEI Number: 59-0872062 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

GORGANS, REV. MARK
15949 MIAMI DR
MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | T | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | VILLAZON, HORACIO, JR | 1.2 NAME | | |
| STREET ADDRESS | 642 NW 162 AVE. | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33028 | 1.4 CITY-ST-ZIP | | |
| TITLE | T | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HAMMOND,RICHARD | 2.2 NAME | | |
| STREET ADDRESS | 14850 S. BISCAYNE RIVER DR. | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33168 | 2.4 CITY-ST-ZIP | | |
| TITLE | T | 3.1 TITLE | TR | ☒ Change ☐ Addition |
| NAME | HEYER, RICK | 3.2 NAME | BARRECA, TONY | |
| STREET ADDRESS | 940 W. 53 ST. | 3.3 STREET ADDRESS | 901 N.W. 74 WAY | |
| CITY-ST-ZIP | HILALEAH FL | 3.4 CITY-ST-ZIP | Hollywood, FL 33024 | |
| TITLE | T | 4.1 TITLE | TR | ☒ Change ☐ Addition |
| NAME | CHRZAN,MIKE | 4.2 NAME | CHRZAN, MIKE | |
| STREET ADDRESS | 862 NE 111 ST. | 4.3 STREET ADDRESS | 862 NE 111 St | |
| CITY-ST-ZIP | BISCAYNE PARK FL 33161 | 4.4 CITY-ST-ZIP | Biscayne Park, FL 33161 | |
| TITLE | PM | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | GORGANS, MARK T | 5.2 NAME | | |
| STREET ADDRESS | 15949 MIAMI DRIVE | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33162 | 5.4 CITY-ST-ZIP | | |
| TITLE | D | 6.1 TITLE | TR | ☒ Change ☐ Addition |
| NAME | ADAMS, MARK | 6.2 NAME | Rollins, Will | |
| STREET ADDRESS | 7400 STERLING RD. | 6.3 STREET ADDRESS | 2020 SW 68 WAY | |
| CITY-ST-ZIP | HOLLYWOOOD FL 33024 | 6.4 CITY-ST-ZIP | MIRAMAR, FL 33023 | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Rev. Mark Gorgans Rev. Mark Gorgans 305-949-6522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044017