

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90041 036 ****61.25

DOCUMENT # 751563

1. Corporation Name

THE FIRST ALLIANCE CHURCH OF MIAMI, INC.

Principal Place of Business

15651 N.W. 6TH AVENUE
MIAMI FL 33169

Mailing Address

15651 N.W. 6TH AVENUE
MIAMI FL 33169



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

03/17/1980

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

9. Name and Address of Current Registered Agent

COLEMAN, PAUL W. REV
15949 MIAMI DR
MIAMI FL 33162

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DT** ☐ DELETE
NAME **VILLAZON, HORACIO, JR**
STREET ADDRESS **642 NW 162 AVE.**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **D** ☒ DELETE
NAME **HAMMOND, RICHARD**
STREET ADDRESS **14850 S. BISCAYNE RIVER DR.**
CITY-ST-ZIP **MIAMI FL 33168**

TITLE **D** ☒ DELETE
NAME **MEE, DENNIS**
STREET ADDRESS **12927 BANYAN RD**
CITY-ST-ZIP **N MIAMI FL**

TITLE **D** ☒ DELETE
NAME **CHRZAN, MIKE**
STREET ADDRESS **862 NE 111 ST.**
CITY-ST-ZIP **BISCAYNE PARK FL**

TITLE **PC** ☐ DELETE
NAME **COLEMAN, PAUL W.**
STREET ADDRESS **15949 MIAMI DR**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE
NAME **NESBITT, JESS**
STREET ADDRESS **13975 NE 2ND AVE**
CITY-ST-ZIP **N MIAMI FL 33161**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

D ☐ Change ☒ Addition
Leiva, Jose
13610 NW 5th Ct
North Miami 33168

☒ Change ☐ Addition
Nesbitt Jeff

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, with all other like empowered.

SIGNATURE:

Rev. Paul W. Coleman **RECEIVED** **W. Coleman** **2/9/99** **305-949-6522**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)