

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752183

FILED
Apr 12, 2006
Secretary of State

Entity Name: STUART ALLIANCE CHURCH OF THE CHRISTIAN & MISSIONARY ALLIANCE, INC.

Current Principal Place of Business:

445 SE OSCEOLA STREET
STUART, FL 34994 US

New Principal Place of Business:

Current Mailing Address:

445 SE OSCEOLA STREET
STUART, FL 34994 US

New Mailing Address:

FEI Number: 59-2249128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROCIOUS, REV JAMES L
1153 MADISON AVE
STUART, FL 34996 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: BROCIUS, DAWN
Address: 1153 SE MADISON AVE
City-St-Zip: STUART, FL 34996

Title: TD () Delete
Name: STONE, PAUL
Address: 2537 NE WILDA ST
City-St-Zip: JENSEN BEACH, FL 34957

Title: D () Delete
Name: REIGER, LAWRENCE
Address: 3246 SW FEROE AVE
City-St-Zip: PALM CITY, FL 34990

Title: DV () Delete
Name: ENGEBRETSEN, TOLEY,
Address: 409 NW RIVER DR
City-St-Zip: STUART, FL 34996

Title: PD () Delete
Name: BROCIUS, JAMES LEE,
Address: 1153 MADISON AVE
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL E. STONE

TD

04/12/2006

Electronic Signature of Signing Officer or Director

Date