2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752183

FILED Apr 24, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 445 SE OSCEOLA STREET STUART, FL 34994 US **Current Mailing Address: New Mailing Address:** 445 SE OSCEOLA STREET STUART, FL 34994 FEI Number: 59-2249128 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BROCIOUS, REV JAMES L 1153 MADISON AVE US STUART, FL 34996 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BROCIOUS, DAWN Name: Name: 1153 SE MADISON AVE Address: Address: City-St-Zip: STUART, FL 34996 City-St-Zip: Title: TD Title: () Delete () Change () Addition STONE, PAUL Name: Name: Address: 2537 NE WILDA ST Address: City-St-Zip: JENSEN BEACH, FL 34957 City-St-Zip: Title: () Delete Title: () Change () Addition REIGER, LAWRENCE Name: Name: 3246 SW FEROE AVE Address: Address: City-St-Zip: PALM CITY, FL 34990 City-St-Zip: Title: DV () Delete Title: () Change () Addition Name: ENGEBRETSEN, TOLEY Name: Address: 409 NW RIVER DR Address: City-St-Zip: STUART, FL 34996 City-St-Zip: Title: () Delete Title: () Change () Addition BROCIOUS SR, JAMES LEE Name: Name: 1153 MADISON AVE Address: Address: City-St-Zip: STUART, FL 34996 City-St-Zip: Title: () Delete Title: () Change (X) Addition HALE, DOROTHY M Name: Name: Address: Address: 5255 SE ORANGE STREET STUART, FL 34997 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JAMES L BROCIOUS PD 04/24/2009