

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 762392 (9)

1. Corporation Name
FIRST ALLIANCE CHURCH OF THE CHRISTIAN AND MISSI ONARY ALLIANCE OF DELRAY BEACH, INC.



Principal Place of Business: 14672 MILITARY TRL DELRAY BCH FL 33484 US
Mailing Address: 14672 MILITARY TRL DELRAY BCH FL 33484 US

3. Date Incorporated or Qualified: 03/11/1982
3a. Date of Last Report: 06/14/1995
4. FEI Number: 59-0910355
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: BROWN, GREGORY, REV, 1446-C SW 25 AVE, BOYNTON BCH FL 33426
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code (FL).

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: *Rev. Gregory A. Brown* DATE: 1-31-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD BROWN, REV. GREGORY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1446-C S.W. 25TH AVENUE	1.2 NAME	
STREET ADDRESS	BOYNTON BEACH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TD BECK, HELEN	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14637 GLENVIEW DR.	2.2 NAME	
STREET ADDRESS	DELRAY BCH, FL 00000 33445	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	33445
TITLE	SD BRAUN, EILEEN	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5388 CLEVELAND ROAD	3.2 NAME	SECRETARY JONES, GAIL SD
STREET ADDRESS	DELRAY BEACH FL	3.3 STREET ADDRESS	160504 WAY
CITY-ST-ZIP		3.4 CITY-ST-ZIP	BOYNTON BEACH FL 33462
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	100001762681
STREET ADDRESS		5.3 STREET ADDRESS	-03/29/96--01042--028
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***61.25
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(k), 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. Gregory A. Brown* DATE: 1-31-96 DAYTIME PHONE: (407) 498-5320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)