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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 762392 1. Corporation Name <i>First Alliance Council of the Christians and Missionary Alliance of Delray Beach Inc.</i>		3. Date Incorporated or Qualified <i>May 12 1989</i>	
Principal Place of Business Mailing Address <i>c/o Rev. Gregory A. Brown 1446-C SW 25TH AVENUE BOYNTON BEACH, FL 33426</i>		4. FEI Number <i>59-0910355</i>	
2. Principal Place of Business 2a. Mailing Address 2b. Sube, Apt. #, etc. 2c. City & State 2d. Zip 2e. Country	2a. Mailing Address 2b. Sube, Apt. #, etc. 2c. City & State 2d. Zip 2e. Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code		B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1509, 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 <i>Rev. Gregory A. Brown</i>		DATE <i>5-11-98</i>	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PASTOR / PRESIDENT / DIRECTOR GREGORY A. BROWN 1446-C SW 25TH AVE BOYNTON BEACH FL 33426	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY / DIRECTOR DEBBIE PAPPALARDO 3418 CHATELAINE DELRAY BEACH FL 33445	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	600002525935 -05/15/98--01091--020 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER / DIRECTOR CHERIELE WARD 2587 SW 11TH CNEE BOYNTON BEACH FL 33426	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	600002525936--1 -05/15/98--01091--021 *****8.75 *****8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PIERRE LOYEREAU 3619 LAKEVIEW BLVD. DELRAY BEACH FL 33445	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ROBERT BROWN 1782 BANHAM CREEK CIRCLE N BOYNTON BEACH FL 33436	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR EITH SWIKOFF 4588 FRANCES DRIVE DELRAY BEACH FL 33445	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: <i>Rev. Gregory A. Brown</i>		DATE: <i>5-11-98</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR		DATE DAYLINE PHONE #	

Handwritten initials