

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001462

FILED
Apr 23, 2009
Secretary of State

Entity Name: ALLIANCE CHURCH OF ZEPHYRHILLS, INC.

Current Principal Place of Business:

6251 FT. KING RD.
ZEPHYRHILLS, FL 33541

New Principal Place of Business:

Current Mailing Address:

6251 FT. KING RD.
ZEPHYRHILLS, FL 33541

New Mailing Address:

FEI Number: 59-2338310

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGAVERN, WILLIAM E
6251 FT. KING RD.
ZEPHYRHILLS, FL 33541 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: DP () Delete
Name: BARTNICK, PAUL
Address: 5739 CYPRESS ST.
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: DV () Delete
Name: BAHR, CHRISTOPHER
Address: 37428 SKYRIDGE CIR.
City-St-Zip: DADE CITY, FL 33525

Title: T () Delete
Name: MUDGE, SUE
Address: 5223 HIGHGATE CT.
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: DS () Delete
Name: MCGAVERN, WILLIAM E
Address: 39127 PRETTY POND RD.
City-St-Zip: ZEPHYRHILLS, FL 33540

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: () Change () Addition
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 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 BARTNICK

DP

04/23/2009

Electronic Signature of Signing Officer or Director

Date