

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009561

FILED  
Apr 18, 2007  
Secretary of State

**Entity Name:** FIRST ALLIANCE CHURCH OF PORT CHARLOTTE, INC.

**Current Principal Place of Business:**

20444 MIDWAY BLVD.  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

20444 MIDWAY BLVD.  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

**FEI Number:** 59-1523652

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NATKE, DAVID  
125 S.W. SINCLAIR  
PORT CHARLOTTE, FL 33952 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: P ( ) Delete  
Name: BORDEN, WILLIAM S  
Address: 23367 FULLERTON AVE.  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: S ( ) Delete  
Name: PROCK, LOU  
Address: 22172 LITTLE FALLS  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: T ( ) Delete  
Name: NATKE, DAVID  
Address: 125 S.W. SINCLAIR  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: D ( ) Delete  
Name: ROSS, STEVEN  
Address: 2028 BANNER AVE.  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: D ( ) Delete  
Name: SEFIK, TOM  
Address: 857 LINNAEN TERRACE  
City-St-Zip: PORT CHARLOTTE, FL 33948 US

Title: D ( ) Delete  
Name: EASTMAN, ED  
Address: 322 N.W. AURORA  
City-St-Zip: PORT CHARLOTTE, FL 33948 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: S (X) Change ( ) Addition  
Name: MARKOWSKI, WALT  
Address: 22172 LITTLE FALLS  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: T (X) Change ( ) Addition  
Name: MCELROY, DONALD  
Address: 125 S.W. SINCLAIR  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

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 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: STEVEN ROSS

D

04/18/2007

Electronic Signature of Signing Officer or Director

Date