

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2007 8:00 am**  
**Secretary of State**

01-24-2007 90015 042 \*\*\*\*61.25

<b>DOCUMENT # N02098</b>					
1. Entity Name <b>PIEDMONT PARK ALLIANCE CHURCH, INC. OF THE CHRISTIAN AND MISSIONARY ALLIANCE</b>					
Principal Place of Business <b>C/O JOEL E. NEELEY 3210 THOMASVILLE ROAD TALLAHASSEE, FL 32308</b>			Mailing Address <b>C/O JOEL E. NEELEY 3210 THOMASVILLE ROAD TALLAHASSEE, FL 32308</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1648651</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>NEELEY, JOEL E 3210 THOMASVILLE ROAD TALLAHASSEE, FL 32312</b>			7. Name and Address of New Registered Agent		
			Name <b>Rita K. Dean</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>3210 Thomasville Road</b>		
			City <b>Tallahussee</b>		FL Zip Code <b>32308</b>
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Rita K. Dean</i>			DATE <b>1/21/07</b>		
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>CROSTON, EDGAR H 3242 DUNGARVAN DR. TALLAHASSEE, FL 32309</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>NEELEY, JOEL E 2645 EGRET LANE TALLAHASSEE, FL 32308</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/O Dean, Rita K. 2252 Gooseberry Court Tallahussee, FL 32312</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>CONRAD, CHRIS 3708 ANTHONY DR. TALLAHASSEE, FL 32309</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>DELONG, JIM 2205 MONTICELLO DR. TALLAHASSEE, FL 32303</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <b>WALTER, NEIL 3312 WOODY WAY TALLAHASSEE, FL 32309</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>WHITE, RICHARD 3200 BEAUMONT DR. TALLAHASSEE, FL 32309</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Rita K. Dean* DATE: **1/21/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #