


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90032 012 ****61.25

| | | | | | |
|--|-----------------------|---|---|---|--|
| DOCUMENT # N02098 1. Entity Name PIEDMONT PARK ALLIANCE CHURCH, INC. OF THE CHRISTIAN AND MISSIONARY ALLIANCE | | | |  | |
| Principal Place of Business G/O JOEL E. NEELEY 3210 THOMASVILLE ROAD TALLAHASSEE, FL 32308 | | | Mailing Address G/O JOEL E. NEELEY 3210 THOMASVILLE ROAD TALLAHASSEE, FL 32308 | | |
| 2. Principal Place of Business - No P.O. Box # % Rita K Dean | | 3. Mailing Address % Rita K Dean | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent DEAN, RITA K 3210 THOMASVILLE ROAD TALLAHASSEE, FL 32308 | | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____ | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD | | <input type="checkbox"/> Delete | | |
| NAME | CROSTON, EDGAR H | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| STREET ADDRESS | 3242 DUNGARVAN DR. | | | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32309 | | | | |
| TITLE | TD | | <input type="checkbox"/> Delete | | |
| NAME | DEAN, RITA K | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| STREET ADDRESS | 2252 GOOSEBERRY CTY | | | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32312 | | | | |
| TITLE | SD | | <input type="checkbox"/> Delete | | |
| NAME | CONRAD, CHRIS | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| STREET ADDRESS | 3708 ANTHONY DR. | | | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32309 | | | | |
| TITLE | D | | <input type="checkbox"/> Delete | | |
| NAME | DELONG, JIM | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| STREET ADDRESS | 2205 MONTICELLO DR. | | | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32303 | | | | |
| TITLE | CD | | <input type="checkbox"/> Delete | | |
| NAME | WALTER, NEIL | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| STREET ADDRESS | 3312 WOODY WAY | | | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32309 | | | | |
| TITLE | | | <input type="checkbox"/> Delete | | |
| NAME | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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: <u>Rita K. Dean</u> <u>RITA K. DEAN</u> <u>2/4/08</u> <u>(850)386-7157</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |