2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02098

FILED Mar 16, 2009 Secretary of State

Entity Name: PIEDMONT PARK ALLIANCE CHURCH, INC. OF THE CHRISTIAN AND MISSIONARY ALLIANCE

Current Principal Place of Business: New Principal Place of Business: C/O RITA K DEAN 3210 THOMASVILLE ROAD TALLAHASSEE, FL 32308 **New Mailing Address: Current Mailing Address:** C/O RITA K DEAN 3210 THOMASVILLE ROAD TALLAHASSEE, FL 32308 FEI Number: 59-1648651 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DEAN, RITA K 3210 THOMASVILLE ROAD TALLAHASSEE, FL 32308 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition CROSTON, EDGAR H, NEEDHAM, WILLIAM Name: Name: 3242 DUNGARVAN DR Address: 402 DARTMOOR DRIVE Address: City-St-Zip: TALLAHASSEE, FL 32309 City-St-Zip: TALLAHASSEE, FL 32312 Title: TD Title: TD (X) Change () Addition () Delete DEAN, RITA K Name: DEAN, RITA K Name: Address: 2252 GOOSEBERRY CTY Address: 2252 GOOSEBERRY CT City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32312 Title: () Delete Title: (X) Change () Addition CONRAD, CHRIS, CARLSON, RENEE C Name: Name: 3708 ANTHONY DR. Address: Address: 1044 CORBY COURT City-St-Zip: TALLAHSSEE, FL 32309 City-St-Zip: TALLAHSSEE, FL 32317 Title: () Delete Title: () Change () Addition Name: DELONG, JIM Name: Address: 2205 MONTICELLO DR. Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: Title: () Delete Title: () Change () Addition WALTER, NEIL Name: Name: 3312 WOODY WAY Address: Address: City-St-Zip: TALLAHASSEE, FL 32309 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: RITA K DEAN MRS 03/16/2009