


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90025 028 ****61.25

DOCUMENT # N05000005931 1. Entity Name ALLIANCE COMMUNITY CHURCH OF THE CHRISTIAN AND MISSIONARY ALLIANCE OF SEBASTIAN, FLORIDA, INCORP																																																																																																																	
Principal Place of Business 457 SEBASTIAN BOULEVARD SUITE D SEBASTIAN, FL 32958			Mailing Address 457 SEBASTIAN BOULEVARD SUITE D SEBASTIAN, FL 32958																																																																																																														
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																														
City & State			City & State																																																																																																														
Zip	Country	Zip	Country	4. FEI Number 59-3393883																																																																																																													
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																																																																																													
6. Name and Address of Current Registered Agent PATTERSON, MARK P REV. 457 SEBASTIAN BOULEVARD SUITE D SEBASTIAN, FL 32958				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																													
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 transferring)</small>																																																																																																																	
Filing Fee is \$61.25 Due by May 1, 2007		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																																																																																																																	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D PATTERSON, MARK P REV.</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>457 SEBASTIAN BOULEVARD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>SEBASTIAN, FL 32958</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BRASLER, JANET</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>937 RIVERA AVE</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>SEBASTIAN, FL 329589</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MCCLAIN, RICHARD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>779 MEDIA TERR</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>SEBASTIAN, FL 32958</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">S</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Agnes E. Darragh</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. Box 782053</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>625 Ellingwood Ave. Sebastian, Florida 32978</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	D PATTERSON, MARK P REV.	<input type="checkbox"/> Delete	NAME	457 SEBASTIAN BOULEVARD		STREET ADDRESS	SEBASTIAN, FL 32958		CITY- ST- ZIP			TITLE	S	<input type="checkbox"/> Delete	NAME	BRASLER, JANET		STREET ADDRESS	937 RIVERA AVE		CITY- ST- ZIP	SEBASTIAN, FL 329589		TITLE	T	<input type="checkbox"/> Delete	NAME	MCCLAIN, RICHARD		STREET ADDRESS	779 MEDIA TERR		CITY- ST- ZIP	SEBASTIAN, FL 32958		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Agnes E. Darragh		STREET ADDRESS	P.O. Box 782053		CITY- ST- ZIP	625 Ellingwood Ave. Sebastian, Florida 32978		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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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: <i>Rev. Mark P. Patterson</i> <i>Rev. Mark P. Patterson</i> <i>04/10/07</i> <i>772</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																	

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