


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90033 050 ****61.25

DOCUMENT # N07000000999 1. Entity Name SOUTHWEST COMMUNITY ALLIANCE CHURCH, INC.					
Principal Place of Business 7025 DELORA DRIVE ORLANDO, FL 32819			Mailing Address 7025 DELORA DRIVE ORLANDO, FL 32819		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent PHILLIPS, JAMES 1476 KELSO BOULEVARD WINDERMERE, FL 34786				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 re-registering) 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 NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, JAMES <input type="checkbox"/> Delete 1476 KELSO BOULEVARD WINDERMERE, FL 34786		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Maurice Bender <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 131 Traditions Dr. Winter Garden, FL 34787	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCOY, TOM <input checked="" type="checkbox"/> Delete 11324 VIA ANDIAMO WAY WINDERMERE, FL 34786		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bruce Warren <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 804 Roschist Ct. Ocoee, FL 34761	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, MATTHEW <input type="checkbox"/> Delete 6230 DONEGAL DRIVE ORLANDO, FL 32819		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wendy Andrew <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10616 Bay Lake Rd. Grantland, FL 34736	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIKER, BRENT <input checked="" type="checkbox"/> Delete 5436 WATER CREEK DRIVE WINDERMERE, FL 34786		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILTON, CANDY <input checked="" type="checkbox"/> Delete 473 NEW HOPE DRIVE ALTAMONTE SPRINGS, FL 32714		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, KEITH <input checked="" type="checkbox"/> Delete 1014 AUTUMN LEAF DRIVE WINTER GARDEN, FL 34787		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>JAMES PHILLIPS</u> JAMES PHILLIPS 4/17/08 4072977244 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					