

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007326

FILED
Apr 24, 2012
Secretary of State

Entity Name: ALLIANCE OF HEALTH CARE SHARING MINISTRIES, INC.

Current Principal Place of Business:

505 N. JOHN RODES BLVD.
MELBOURNE, FL 32934

New Principal Place of Business:

Current Mailing Address:

505 N. JOHN RODES BLVD.
MELBOURNE, FL 32934

New Mailing Address:

FEI Number: 26-0886401

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SULLIVAN, STEPHEN
11603 LIPSEY RD.
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

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:

Title: D
Name: KING, RAY
Address: P O BOX 3618
City-St-Zip: PEORIA, IL 61612

Title: D
Name: MEGGS, TONY
Address: P O BOX 120099
City-St-Zip: MELBOURNE, FL 32912

Title: D
Name: PITTENGER, TED
Address: P O BOX 3618
City-St-Zip: PEORIA, IL 61612

Title: P
Name: LANSBERRY, JAMES K
Address: P O BOX 3618
City-St-Zip: PEORIA, IL 61612

Title: DST
Name: LAWRENCE, FITZGERALD
Address: P O BOX 120099
City-St-Zip: MELBOURNE, FL 32912

I hereby 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 all other like empowered.

SIGNATURE: FITZGERALD LAWRENCE

D

04/24/2012

Electronic Signature of Signing Officer or Director

Date