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Mar 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N15 094**

1. Corporation Name

FIRST ALLIANCE CHURCH OF FORT LAUDERDALE, INC.

Principal Place of Business 900 S.W. 31ST AVENUE FORT LAUDERDALE, FL 33312	Mailing Address 900 S.W. 31ST AVENUE FORT LAUDERDALE, FL 33312
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3. Date Incorporated or Qualified
MAY 27, 1986

4. FEI Number 59-2665436	Applied For <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 900 S.W. 31ST AVENUE Suite, Apt. #, etc. 22	2a. Mailing Address 26 900 S.W. 31ST AVENUE Suite, Apt. #, etc. 27
City & State 23 FORT LAUDERDALE Zip 24 33312	City & State 28 FORT LAUDERDALE Zip 29 33312
Country 25 BROWARD	Country 30 BROWARD

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**MRS. DOROTHY BOURNE
900 S.W. 31ST AVENUE
FORT LAUDERDALE, FL 33312**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT	<input type="checkbox"/> DELETE
NAME GREEN PHIRI	
STREET ADDRESS 900 S.W. 31ST AVENUE	
CITY-ST-ZIP FORT LAUDERDALE, FL 33312	
TITLE VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME NEVILLE CAMPBELL	
STREET ADDRESS 900 S.W. 31ST AVENUE	
CITY-ST-ZIP FORT LAUDERDALE, FL 33312	
TITLE SECRETARY	<input type="checkbox"/> DELETE
NAME BEVERLY F. BRYAN	
STREET ADDRESS 900 S.W. 31ST AVENUE	
CITY-ST-ZIP FORT LAUDERDALE, FL 33312	
TITLE TREASURER	<input type="checkbox"/> DELETE
NAME DOROTHY BOURNE	
STREET ADDRESS 900 S.W. 31ST AVENUE	
CITY-ST-ZIP FORT LAUDERDALE, FL 33312	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME GREEN PHIRI	
1.3 STREET ADDRESS 900 S.W. 31ST AVENUE	
1.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33312	
2.1 TITLE VICE PRESIDENT D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME NEVILLE CAMPBELL	
2.3 STREET ADDRESS 900 S.W. 31ST AVENUE	
2.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33312	
3.1 TITLE SECRETARY D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME BEVERLY F. BRYAN	
3.3 STREET ADDRESS 900 S.W. 31ST AVENUE	
3.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33312	
4.1 TITLE TREASURER D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME DOROTHY BOURNE	
4.3 STREET ADDRESS 900 S.W. 31ST AVENUE	
4.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33312	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Beverly F. Bryan** BEVERLY F. BRYAN, SECT. MARCH 16, 1998 (954) 583-1446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (10/97)

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