


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 23, 2004 08:00 AM  
Secretary of State

<b>DOCUMENT # N15094</b>		
1. Entity Name <b>FIRST ALLIANCE CHURCH OF FORT LAUDERDALE, INC.</b>		

Principal Place of Business <b>900 SOUTHWEST 31ST AVENUE FORT LAUDERDALE, FL 33312 US</b>	Mailing Address <b>900 SOUTHWEST 31ST AVENUE FORT LAUDERDALE, FL 33312 US</b>
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**DO NOT WRITE IN THIS SPACE**

01132004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2665436</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>BOURNE, DOROTHY 900 SW 31ST AVE FT LAUDERDALE, FL 33312</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2004**

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

11000000011898  
01/23/04-80057-001 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC PHIRI GREEN 900 S.W. 31ST AVE. FT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAMPBELL, NEVILLE 900 S.W. 31ST AVE FT. LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYAN, BEVERLY F 900 S.W. 31ST AVE FT. LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOURNE, DOROTHY 900 S.W. 31ST AVE FT. LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 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:** *Dorothy Bourne* **DOROTHY BOURNE** **JANUARY 14, 2004** (954) 583-1446  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #