FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Mar 13 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

IARIANNA FL 32446-1612 US 2. Principal Place of Business 2a. Mailing Address	
CHRIST ALLIANCE CHURCH INC. Principal Place of Business Mailing Address Mailing Address 4685 MEADOWVIEW RD. MARIANNA FL 32446 MARIANNA FL 32446-1612 US 2. Principal Place of Business 2a. Mailing Address	
Principal Place of Business Mailing Address 685 MEADOWVIEW RD. IARIANNA FL 32446 S 2. Principal Place of Business 2a. Mailing Address	
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ARIANNA FL 32446-1612 US 2. Principal Place of Business 2a. Mailing Address	2. Data least received at Out Miller J. Data all lest Depart
Principal Place of Business 2a. Mailing Address	2. Data Instrumental or Qualified Dec Data of Last Depart
	3. Date Incorporated or Qualified 3a. Date of Last Report
21 26	04/18/1988 06/19/1996 4. FEI Number Applied For
~ <u>~~</u>	63-0499952 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.	Certificate of Status Desired Section Section Section Sectio
City & State City & State	6. Election Campaign Financing \$5.00 May Be
28	Trust Fund Contribution Added to Fees
Zip Country Zip Country 24 25 29 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
81 Name	
STEVE LOGAN 2630 CHOCTAW DRIVE	Address (P.O. Box Number is Not Acceptable)
RT 3 BOX 7760	
MARIANNA FL 32446 84 City	FL 85 Zip Code
11 Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the above-pamed	covariation submits this statement for the purpose of changing its registered
 Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named office or registered agent, or both, in the State of Florida. Such change was authorized by the corragent. 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 applicabile. (NOTE: Registered Agent signature 12. OFFICERS AND DIRECTORS 13.	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THILE D DELETE 1.1 THE	☐ Change ☐ Addition
NAME LOGAN, STEVE 12 NAME	•
STREET ADDRESS 2638 CHOCTAW DR. 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP	
TITLE D DELETE 2.1 TITLE	Change Addition
NAME GISSENDANER, JACK 22 NAME	
STREET ADDRESS 33 W. WASHINGTON ST. 23 STREET ADDRESS CITY-S1-71P CHATTAHOOCHEE FL 2.4 CITY-S1-71P	·
TILE D DELETE 3.1 TITLE	Change Addition
NAME CAROLYN YODER 32 NAME	
STREET ADDRESS CITY-ST-ZIP RTE 2, BOX 60-C OLTHAFL ALTHA 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
CITY-ST-ZIP OLTHAFL JELETE 4.1 TITLE	☐ Change ☐ Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-S1-ZIP 44 CITY-S1-ZIP	
TITLE DELETE 5.1 TITLE	☐ Change ☐ Addition
NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS	
CITY-S1-ZIP 5.4 CITY-S1-ZIP	
TITLE DELETE 6.1 TITLE	☐ Change ☐ Addition
NAME 6.2 NAME	· -
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 6.4 CITY-ST-ZIP	
14. If do hereby certify that the information supplied with this filing does not qualify for the exemption supplied information indicated on this annual report or supplemental annual report is true and accurate and I am an officer or director of the proporation of the reportion of the report	that my signature shall have the same legal effect as if made under path; that

SIGNATURE: JULY JACK GISSENDANER, TREASUR 3/10/97 904-663-4400