

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39922

1. Entity Name

FIRST ALLIANCE CHURCH OF THE CHRISTIAN AND MISSI

Principal Place of Business

1803 57TH AVENUE W.
BRADENTON FL 34207

Mailing Address

1803 57TH AVENUE W.
BRADENTON FL 34207-3248

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7179655

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUNTER, REV. JERRY W
5619 19TH ST. W.
BRADENTON FL 34207

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete

NAME HUNTER, REV. JERRY W
STREET ADDRESS 5619 19TH STREET W.
CITY-ST-ZIP BRADENTON FL 34207

TITLE DT ☐ Delete

NAME KISLING, OSCAR
STREET ADDRESS 6107 ROLLINS AVENUE W.
CITY-ST-ZIP BRADENTON FL 34207

TITLE DS ☒ Delete

NAME ~~FREDERICK, HARRY~~
STREET ADDRESS ~~603 63RD AVENUE W. T25~~
CITY-ST-ZIP ~~BRADENTON FL 34207~~

TITLE THT ☐ Delete

NAME BLEWS, AARON
STREET ADDRESS 6620 WELLESLEY DRIVE
CITY-ST-ZIP BRADENTON FL 34207

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☐ Change ☒ Addition

NAME Benner, Elaine
STREET ADDRESS 7221 Arcturas
CITY-ST-ZIP Sarasota, FL 34243

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 12, 2000
Date Daytime Phone #

FILED
May 20, 2000 8:00 am
Secretary of State

05-20-2000 90011 012 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)