FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

____<u>1998</u>

DOCUMENT #

N42296

(6)

MCKEE LAKE ALLIANCE CHURCH OF THE CHRISTIAN AND MISSIONARY ALLIANCE, INC.

MISSIONARY ALLIANCE, INC. Principal Place of Business Mailing Address 5972 62ND AVE. NORTH PINELLAS PARK FL 34865 5972 62ND AVE. NORTH 3. Date Incorporated or Qualified PINELLAS PARK FL 34665 02/25/1991 4. FEI Number Applied For 59-2392404 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 22 27 Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes ☐ No Zip Country Country This corporation owes or has paid the current year intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BRYANT, DANN 82 Street Address (P.O. Box Number is Not Acceptable) 5972 62ND AVE. NORTH 83 PINELLAS PARK FL 34665 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 this if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
12.	OFFICERS AND DIRECTORS		13.			
TITLE	D	DELETE	1.1 TITLE	Trustee	☐ Change	Addition
NAME	BRYANT, DANN		1.2 NAME	Thomas Robertson		ļ
Street address	7024 122ND WAY NO.		1.3 STREET ADDRESS	1310-39 AVN	'·,	l,
CITY-ST-2IP	SEMINOLE FL		1.4 CITY - ST - ZIP	Sto Referabline	<u> </u>	
TITLE	D	DELETE	2.1 TITLE	Trustee	Change	☐ Addition
NAME	JONES, F. D		2.2 NAME	1 Fi 11012 JONES		Í
STREET ADDRESS	SACRECATION OF THE PARTY.		2.3 STREET ADDRESS	118/10 - 47 ATON	_	
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP	St. Petersburg. Ph.	33714	
TITLE	D	LE DELETE	3.1 TITLE	1 76 60 57 9 516	L_I Change	Addition
NAME	Pierson, William		3.2 NAME	William Colpitals	174	
STREET ADDRESS	1601-43 ST. N. #115		3.3 STREET ADDRESS	9790 GG SG N TO	DC - 7:	
CITY-ST-ZIP	ST. PETERSBURG FL		3.4. CITY-ST-ZIP	9790 GG St. N. # Pinellas Par, PC	35182	
TITLE		DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			ľ
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP]
TITLE		DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			- 1
CITY-ST-ZIP			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 of trustee empowered to precute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on a stachment with an address.

SIGNATURE:

STATES THE 4/11/8883383-2536

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FILED

Apr 15 1998 8:00am

Secretary of State