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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 # N49858 (6)

1. Corporation Name

FIRST ALLIANCE CHURCH OF TAMPA, INC.



Principal Place of Business
312 E 127TH AVE
TAMPA FL 33612
US

Mailing Address
POB 17062
TAMPA FL 33682-7062

3. Date Incorporated or Qualified

06/22/1992

4. FEI Number

23-7180386

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 312 E 127th Ave

26 P.O. Box 17062

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Tampa, FL

28 Tampa, FL

24 Zip 33612

25 Country Hillsborough

29 Zip 33682

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAVENER, RUSSELL J
17511 MEADOWBRIDGE DR
LUTZ FL 33539

81 Name

Russel J. Havener

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

17511 meadowbridge Dr.

83

84 City

Lutz

FL

85 Zip Code

33549

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

Russell J. Havener RUSSELL J. HAVENER

1/26/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME HAVENER, RUSSELL P
STREET ADDRESS 17511 MEADOWBRIDGE DR
CITY-ST-ZIP LUTZ FL

TITLE D
NAME REYNOLDS, STUART
STREET ADDRESS 1001 BRANDON LAKE AVE
CITY-ST-ZIP VALRICO FL

TITLE D
NAME TYNER, LAURENCE
STREET ADDRESS 5207 E 122ND AVE
CITY-ST-ZIP TEMPLE TERRACE FL

TITLE D
NAME THOMAS, CARL
STREET ADDRESS 8440 EHREN RD
CITY-ST-ZIP LAND O'LAKES FL

TITLE D
NAME WARD, THELMA
STREET ADDRESS 2417 CEDAR TRACE CRICLE, APT 2417
CITY-ST-ZIP TAMPA FL

TITLE D
NAME REYNOLDS, ARVILLA
STREET ADDRESS PO BOX 97
CITY-ST-ZIP LAND O'LAKES FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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, on an attachment with an address

SIGNATURE:

Stuart Reynolds REYNOLDS 1/26/98 935-4069

CR2E037 (10/97)