2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004
Secretary of State

DOCUMENT# N94000004418

Entity Name: THE ALLIANCE CHAPEL OF DELAND, INC. OF THE CHRISTIAN AND MISSIONARY ALLIANCE

Current Principal Place of Business:

600 S. FLORIDA AVENUE
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

600 S. FLORIDA AVENUE
DELAND, FL 32720

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDERSON, DON E REV
270 PALM COVE DR
DELAND, FL 32724 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ANDERSON, DON E
Address: 270 PALM COVE DR
City-St-Zip: DELAND, FL 32724

Title: VCD ( ) Delete
Name: ANDERSON, WILLIAM A
Address: 600 S FLORIDA AVE
City-St-Zip: DELAND, FL 32720

Title: SD ( ) Delete
Name: VELLINES, FAIE
Address: 734 S SANS SOUCI
City-St-Zip: DELAND, FL 32720

Title: TD ( ) Delete
Name: BOWER, MARY
Address: 226 BARDEN DRIVE
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: HOUCK, BURTON
Address: 600B ALLIANCE COURT
City-St-Zip: DELAND, FL 32720

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON E. ANDERSON PD 04/13/2004

Electronic Signature of Signing Officer or Director — Date