2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003
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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 05/01/2003

Electronic Signature of Signing Officer or Director — Date