


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 31, 2007 8:00 am**  
**Secretary of State**

07-31-2007 90008 047 \*\*\*\*61.25

**DOCUMENT # N95000002367**

1. Entity Name  
**FELLOWSHIP ALLIANCE CHURCH, INC.**



Principal Place of Business 5735 69TH STREET E PALMETTO FL 34221 US	Mailing Address 5735 69TH ST, E PALMETTO FL 34221 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc	3. Mailing Address Suite, Apt #, etc
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2nd MOORE CR2E037 (4/07)

City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number <b>65-0567371</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BROWN, WILLIAM R SR.**  
**5735 69TH STREET E**  
**PALMETTO FL 34221**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *William R Brown Sr.* DATE *7/24/07*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By September 5, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State.**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HORNISH, DON	
STREET ADDRESS	228 BOUGAINVILLEA LANE	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AMSTUTZ, MAHLON	
STREET ADDRESS	11911 14TH AVE EAST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ZILLMANN, RON	
STREET ADDRESS	6710 36TH AVE E #120	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MORSHECK, VONNIE	
STREET ADDRESS	12107 14TH AVE EAST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SARCHET, DOUG	
STREET ADDRESS	11368 WALDEN LOOP	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWER, BOB	
STREET ADDRESS	7150 60TH AVE EAST	
CITY-ST-ZIP	PALMETTO FL 34221	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Geisler	
STREET ADDRESS	3221 Chapman Rd	
CITY-ST-ZIP	Palmetto, FL. 34221	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* DATE: *7/24/07* (941-721-4906)