

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002367

FILED  
Feb 11, 2009  
Secretary of State

Entity Name: FELLOWSHIP ALLIANCE CHURCH, INC.

**Current Principal Place of Business:**

5735 69TH STREET E  
PALMETTO, FL 34221 US

**New Principal Place of Business:**

**Current Mailing Address:**

5735 69TH ST, E  
PALMETTO, FL 34221 US

**New Mailing Address:**

FEI Number: 65-0567371      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BROWN, WILLIAM R SR.  
5735 69TH STREET E  
PALMETTO, FL 34221 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: D ( ) Delete  
Name: HORNISH, DON  
Address: 228 BOUGAINVILLEA LANE  
City-St-Zip: PARRISH, FL 34219

Title: T ( ) Delete  
Name: ZILLMANN, RON  
Address: 6710 36TH AVE E #120  
City-St-Zip: PALMETTO, FL 34221

Title: T ( ) Delete  
Name: MORSHECK, VONNIE  
Address: 12107 14TH AVE EAST  
City-St-Zip: BRADENTON, FL

Title: D ( ) Delete  
Name: SARCHET, DOUG  
Address: 11368 WALDEN LOOP  
City-St-Zip: PARRISH, FL 34219

Title: D ( ) Delete  
Name: BROWER, BOB  
Address: 7150 60TH AVE EAST  
City-St-Zip: PALMETTO, FL 34221

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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:

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

Title: D ( ) Change (X) Addition  
Name: NORWOOD, MALCOLM  
Address: 9903 CAMERON LN  
City-St-Zip: PARRISH, FL 34219

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RONALD ZILLMANN

TREA

02/11/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date