

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002137

Entity Name: A CHRISTIAN ALTERNATIVE, INC.

FILED
Apr 14, 2004
Secretary of State

Current Principal Place of Business:

2720 SW 2ND AVENUE
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

2720 SW 2ND AVENUE
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 59-3492218

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILSON, JESSE
5501 SW 88TH STREET
GAINESVILLE, FL 32608 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: PRICE, DON
Address: 1841 S.W. 101 DRIVE
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: DILLARD, DAVID
Address: 4412 NW 76 TERRACE
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: WHITEHEAD, RICHARD
Address: 923 NW 21 TERRACE
City-St-Zip: GAINESVILLE, FL 32603

Title: D () Delete
Name: WILSON, JESSE
Address: 5501 SW 88TH STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: FRISON, LEROY
Address: 1111 SE 20TH STREET
City-St-Zip: GAINESVILLE, FL 32641

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BRUNSON, JIMMIE
Address: 1809 SW 91ST STREET
City-St-Zip: GAINESVILLE, FL 32607

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

Title: D (X) Change () Addition
Name: WILLIAMS, KEITH
Address: 425 NW 8 STREET
City-St-Zip: HIGH SPRINGS, FL 32643

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: DAVID DILLARD

D

04/14/2004

Electronic Signature of Signing Officer or Director

Date