

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002137

FILED  
Jan 05, 2005  
Secretary of State

Entity Name: A CHRISTIAN ALTERNATIVE, INC.

## 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: BRUNSON, JIMMIE  
Address: 1809 SW 91ST STREET  
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: WILLIAMS, KEITH  
Address: 425 NW 8 STREET  
City-St-Zip: HIGH SPRINGS, FL 32643

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: ( ) 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:

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: JESSE WILSON

D

01/05/2005

Electronic Signature of Signing Officer or Director

Date