2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002137

Title:

Name:

Address:

City-St-Zip:

FILED Apr 11, 2007 Secretary of State

Entity Name: A CHRISTIAN ALTERNATIVE, INC. **Current Principal Place of Business: New Principal Place of Business:** 2720 SW 2ND AVENUE GAINESVILLE, FL 32607 **Current Mailing Address: New Mailing Address:** 2720 SW 2ND AVENUE GAINESVILLE, FL 32607 FEI Number: 59-3492218 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILSON, JESSE 5501 SW 88TH STREET US GAINESVILLE, FL 32608 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BRUNSON, JIMMIE Name: Name: 1809 SW 91ST STREET Address: Address: City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: Title: () Delete Title: () Change () Addition Name: DILLARD, DAVID Name: Address: 4412 NW 76 TERRACE Address: City-St-Zip: GAINESVILLE, FL 32606 City-St-Zip: Title: () Delete Title: () Change () Addition FRISON, LEROY Name: Name: Address: 1111 SE 20TH STREET Address: City-St-Zip: GAINESVILLE, FL 32641 City-St-Zip: Title: () Delete Title: () Change () Addition Name: WILSON, JESSE Name: Address: 5501 SW 88TH STREET Address: City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JESSE WILSON D 04/11/2007

() Delete

() Change (X) Addition

PRICE, DON

13537 NW 7 ROAD

NEWBERRY, FL 32669