

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90052 028 ****61.25

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1. Corporation Name

FELLOWSHIP ALLIANCE CHURCH OF THE CHRISTIAN & MISSIONARY ALLIANCE, INC.

Principal Place of Business

22045 HWY. 231
FOUNTAIN FL 32438

Mailing Address

P.O. BOX 258
FOUNTAIN FL 32438



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
07/22/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-3464657

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 Zip Country

28 Zip Country

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

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHILDS, REV. W.T. JR
1816 W. 30TH STREET
PANAMA CITY FL 32405

81 Name **Glen C. Nobles Jr.**
82 Street Address (P.O. Box Number is Not Acceptable)
3330 Hwy 69
83 **Grand Ridge, FL**
84 City **FL** 85 Zip Code **32442**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

(Signature)
Signature, typed or printed name of registered agent and title, if applicable.

(Glen C. Nobles Jr.) Pastor

3-26-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **SD** ☐ DELETE
NAME **HODGE, KIMELYN**
STREET ADDRESS **RT. 1, BOX 3120**
CITY-ST-ZIP **FOUNTAIN FL 32438**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **STEPHENS, GEORGANNE**
STREET ADDRESS **RT. 1, 315A**
CITY-ST-ZIP **ALTHA FL 3221**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **ED** ☐ DELETE
NAME **HODGE, DOUGLAS**
STREET ADDRESS **RT. 1, BOX 3120**
CITY-ST-ZIP **FOUNTAIN FL 32438**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **PD** ☒ DELETE
NAME **CHILDS, WILLIAM T**
STREET ADDRESS **1816 WEST 30 STREET**
CITY-ST-ZIP **PANAMA CITY FL 32405**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **Pastor**
4.3 STREET ADDRESS **Glen C. Nobles Jr.**
4.4 CITY-ST-ZIP **3330 Hwy 69**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(Signature) **SIGNATURE REQUIRED (Glen C. Nobles Jr.)** **3-26-99** **(850) 582-3304**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2EN37 11/98