

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004191

FILED  
Apr 22, 2007  
Secretary of State

**Entity Name:** FELLOWSHIP ALLIANCE CHURCH OF THE CHRISTIAN & MISSIONARY ALLIANCE, INC.

**Current Principal Place of Business:**

22045 HWY. 231  
FOUNTAIN, FL 32438

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 258  
FOUNTAIN, FL 32438

**New Mailing Address:**

**FEI Number:** 59-3464657

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STEPHENS, GEORGANNE  
5338 NW MILLER ROAD  
ALTA, FL 32421 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: SD ( ) Delete  
Name: WOOLEVER, RENA T  
Address: 3181 BEAVERHEAD  
City-St-Zip: MARIANNA, FL 32446

Title: T ( ) Delete  
Name: STEPHENS, GEORGANNE  
Address: 5338 NW MILLER RD  
City-St-Zip: ALTA, FL 32421

Title: ED ( ) Delete  
Name: WOOLEVER, RUSSELL  
Address: 3223 TWIN PONDS ROAD  
City-St-Zip: MARIANNA, FL 32446

Title: P ( ) Delete  
Name: HALL, TIMOTHY  
Address: 4082 MCCALL LANE  
City-St-Zip: MARIANNA, FL 32448

**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:

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.

SIGNATURE: GEORGANNE STEPHENS

T

04/22/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date