2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2008
Secretary of State

DOCUMENT# N97000004191

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STEPHENS, GEORGANNE
5338 NW MILLER ROAD
ALTHA, 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: ALTHA, FL 32421

Title: ED ( ) Delete
Name: WOOLEV ER, 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 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 05/04/2008

Electronic Signature of Signing Officer or Director — Date