

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
May 12, 1999 8:00 am
Secretary of State

05-12-1999 90001 011 ****61.25

DOCUMENT # N98000002804

1. Corporation Name

THE CHRISTIAN ALLIANCE OF FLORIDA, INC.

Principal Place of Business

5636 GRANADA DRIVE #136
SARASOTA FL 34231

Mailing Address

5636 GRANADA DRIVE #136
SARASOTA FL 34231



2. Principal Place of Business

21 4718 E. LINEBAUGH AVE
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. BOX 292882
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

05/15/1998

4. FEI Number

65-0840098

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

City & State

23 TAMPA, FL

Zip

24 33617

Country

25 USA

City & State

28 TAMPA, FL

Zip

29 33687

Country

30 USA

9. Name and Address of Current Registered Agent

LYONS, KEVIN D

5636 GRANADA DRIVE #136
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name

DANIEL B. DOIDGE

82 Street Address (P.O. Box Number is Not Acceptable)

4718 E. LINEBAUGH AVE

83

84 City

TAMPA

FL

85 Zip Code

33617

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

(NOTE: Registered Agent signature required when reinstating)

5/12/99

12. OFFICERS AND DIRECTORS

TITLE D
NAME LYONS, KEVIN
STREET ADDRESS 5636 GRANADA DRIVE #136
CITY-ST-ZIP SARASOTA FL 34231

☐ DELETE

TITLE D
NAME KINSER, MICHELE
STREET ADDRESS 7009 CONIFER DRIVE
CITY-ST-ZIP TAMPA FL 33637

☐ DELETE

TITLE D
NAME DEMPSEY, ROB
STREET ADDRESS 8410 U.S. 19 NORTH
CITY-ST-ZIP PORT RICHEY FL 34688

☐ DELETE

TITLE D
NAME DOIDGE, DANIEL
STREET ADDRESS 4718 E. LINEBAUGH AVE.
CITY-ST-ZIP TAMPA FL 33617

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)