

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90024 040 ****61.25

DOCUMENT # N98000004004

1. Entity Name

**COMMUNITY ALLIANCE CHURCH OF THE CHRISTIAN
AND MISSIONARY ALLIANCE OF PORT SAINT JOHN,**



Principal Place of Business

**4890 FAY BLVD
COCOA FL 32927**

Mailing Address

**4890 FAY BLVD
COCOA FL 32927**

2. Principal Place of Business

4855 FAY BLVD.

Suite, Apt. #, etc.

3. Mailing Address

4855 Fay Blvd

Suite, Apt. #, etc.

City & State

Cocoa FL

City & State

Cocoa FL

Zip

32927

Country

Brevard

Zip

32927

Country

Brevard

4. FEI Number

59-3550419

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

**PARKER, RONALD
4890 FAY BLVD
COCOA FL 32927**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **PARKER, RONALD REV**
STREET ADDRESS **4890 FAY BLVD**
CITY-ST-ZIP **COCOA FL 32927**

TITLE **D** ☐ Delete
NAME **HOWARD, HARRY SR**
STREET ADDRESS **361 PONCE DE LEON AVE**
CITY-ST-ZIP **COCOA FL 32927**

TITLE **D** ☐ Delete
NAME **PARKER, JENNIFER**
STREET ADDRESS **4890 FAY BLVD**
CITY-ST-ZIP **COCOA FL 32927**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ronald Parker* *Jennifer Parker*

1/26/06

(321) 639-1717