

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004004

FILED  
Feb 26, 2009  
Secretary of State

**Entity Name:** COMMUNITY ALLIANCE CHURCH OF THE CHRISTIAN AND MISSIONARY ALLIANCE OF PORT SAINT JOHN, FLORIDA, INC.

**Current Principal Place of Business:**

4855 FAY BLVD  
COCOA, FL 32927

**New Principal Place of Business:**

**Current Mailing Address:**

4855 FAY BLVD  
COCOA, FL 32927

**New Mailing Address:**

**FEI Number:** 59-3550419

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHOOLCRAFT, GEORGE B REV.  
3340 PINE ST.  
COCOA, FL 32926 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: T ( ) Delete  
Name: COWLEY, CHRISTINA  
Address: 6564 CEDAR AVE  
City-St-Zip: COCOA, FL 32927

Title: D (X) Delete  
Name: HOWARD, HARRY SR  
Address: 361 PONCE DE LEON AVE  
City-St-Zip: COCOA, FL 32927

Title: D ( ) Delete  
Name: GLENN, JAMES DR.  
Address: 3705 BUTTONWOOD DR.  
City-St-Zip: TITUSVILLE, FL 32796

**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:

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: GEORGE B. SCHOOLCRAFT

D

02/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date