07141999-90017-042-$40.00-$40.00 * 07141999-90017-041-$35.00-$35.00

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 14, 1999 8:00 am
Secretary of State
07-14-1999 90017 042 ****40.00
07-14-1999 90017 041 ****35.00

DOCUMENT # N98000004408

1. Corporation Name
FIRST ALLIACE CHRISTIAN CHRURCH, INC

Principal Place of Business
6400 N.E 2nd AVE
MIAMI, FLA 33138

Mailing Address
1626 NW 112 st
MIAMI, FLA 33167

2. Principal Place of Business 21 6400 N.E 2nd AVE Suite, Apt. #, etc. 22 SUITE # 1 City & State 23 MIAMI, FLORIDA Zip 24 33138 Country 25 DADE	2a. Mailing Address 26 1626 NW 112 ST. Suite, Apt. #, etc. 27 HOUSE City & State 28 MIAMI, FLORIDA Zip 29 33167 Country 30 DADE	3. Date Incorporated or Qualified July 28, 1998 4. FEI Number 52-2151404 ☐ 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

9. Name and Address of Current Registered Agent

JOSEPH H. MENARD
1626 NW 112 ST.
MIAMI, FLA 33167

10. Name and Address of New Registered Agent

81 Name JOSEPH H MENARD
82 Street Address (P.O. Box Number is Not Acceptable) 1626 NW 112 ST.
83
84 City MIAMI FL 85 Zip Code 33167

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR JOSEPH H. MENARD 1626 NW 112 ST MIAMI, FLA 33167	☐ DELETE D.	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	COUNSELOR EVODIE MENARD 1626 NW 112 ST MIAMI, FLA 33167	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY ROSE N. JOSEPH 2131 NE 2nd AVE MIAMI, FLA 33179	☐ DELETE T.	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER EMMANUEL MARC JOSEPH 2131 NE 2nd AVE MIAMI, FLA 33179	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER ALPHONSE FRANCOIS 12220 SW 120 ST MIAMI, FLA 33101	☐ DELETE T.	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER DANIEL PIERRE 1685 NW 133 ST MIAMI, FLA 33167	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COUNSELOR VERGNIAUD ALMONORD 2220 NW 172 TER MIAMI, FLA 33056	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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: JOSEPH H. MENARD July 03, 1999 (305) 687 9197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #