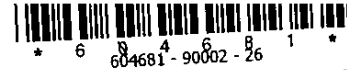


FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90017 042 ****40.00

07-14-1999 90017 041 ****35.00



**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N 98000004408 ✓

1. Corporation Name

FIRST ALLIANCE Christian Church, 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 NE 2nd Ave

2a. Mailing Address

26 1626 NW 112 St.

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DIRECTOR	☐ DELETE
NAME	JOSEPH H. MENARD D.	
STREET ADDRESS	1626 NW 112 St	
CITY-ST-ZIP	MIAMI, FLA 33167	
TITLE	SECRETARY	☐ DELETE
NAME	ROSE M. JOSEPH, AVE T.	
STREET ADDRESS	21131 NE 2nd Ave	
CITY-ST-ZIP	MIAMI, FLA 33179	
TITLE	TREASURER	☐ DELETE
NAME	EMMANUEL MARC JOSEPH	
STREET ADDRESS	21131 NE 2nd Ave	
CITY-ST-ZIP	MIAMI, FLA 33179	
TITLE	MEMBER	☐ DELETE
NAME	ALPHONSE FRANCIS T.	
STREET ADDRESS	12220 SW 1205	
CITY-ST-ZIP	MIAMI, FLA 33101	
TITLE	MEMBER	☐ DELETE
NAME	DAMIEL PIERRE	
STREET ADDRESS	1685 NW 133 St	
CITY-ST-ZIP	MIAMI, FLA 33167	
TITLE	COUNSELOR	☐ DELETE
NAME	VERNON ALMOND	
STREET ADDRESS	2220 NW 172 Tr	
CITY-ST-ZIP	MIAMI, FLA 33056	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	COUNSELOR	☐ Change ☒ Addition
1.2 NAME	EVODIE MENARD	
1.3 STREET ADDRESS	1626 NW 112 St	
1.4 CITY-ST-ZIP	MIAMI, FLA 33167	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

JOSEPH H. MENARD July 03, 1999 (305) 687 9197

CR2E037 (1/98)