

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004408

1. Entity Name

FIRST ALLIANCE CHRISTIAN CHURCH, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90020 019 ****75.00

Principal Place of Business

6400 N.E. 2ND AVE.
 SUITE #1
 MIAMI FL 33138

Mailing Address

1626 NW 112 ST
 HOUSE
 MIAMI FL 33167-3622

101361



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

~~MIAMI~~ 6400 NE 2ND AVE
 SUITE 1
 MIAMI, FLORIDA

3. Mailing Address

1626 NW 112 ST
 HOUSE
 MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

52-2151404

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MENARD, JOSEPH H
 1626 N.W. 112 STREET
 MIAMI FL 33167

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.

SIGNATURE

Joseph H. Menard DIRECTOR

03/22/00

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

9. Election Campaign Financing
 Trust Fund Contribution.

☒

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MENARD, JOSEPH H | |
| STREET ADDRESS | 1626 NW 112 ST | |
| CITY-ST-ZIP | MIAMI FL 33167 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | JOSEPH, ROSE M | |
| STREET ADDRESS | 21131 NE 2ND AVE | |
| CITY-ST-ZIP | MIAMI FL 33179 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | JOSEPH, EMMANUEL L M | |
| STREET ADDRESS | 21131 NE 2ND AVE | |
| CITY-ST-ZIP | MIAMI FL 33179 | |
| TITLE | MT | <input type="checkbox"/> Delete |
| NAME | FRANCOIS, ALTHONSE | |
| STREET ADDRESS | 12220 SW 120 ST | |
| CITY-ST-ZIP | MIAMI FL 33101 | |
| TITLE | M | <input type="checkbox"/> Delete |
| NAME | PIERRE, DANIEL | |
| STREET ADDRESS | 1685 NW 133 ST | |
| CITY-ST-ZIP | MIAMI FL 33167 | |
| TITLE | C | <input type="checkbox"/> Delete |
| NAME | ALMONORD, VERGNION D | |
| STREET ADDRESS | 2220 NW 172 TERR | |
| CITY-ST-ZIP | MIAMI FL 33056 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. 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 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 an officer like empowered.

SIGNATURE:

Joseph H. Menard
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/22/00 305-687 9197
 Date Daytime Phone #

CR2F037 (9/99)