

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002820

08-16-2000 90007 045 ***61.25
N99000002820

1. Entity Name

CENTRAL ALLIANCE CHURCH OF THE CHRISTIAN AND M'S

FILED

00 SEP 12 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
CENTRAL ALLIANCE CHURCH
777 N.W. 106TH ST.
MIAMI FL 33150

Mailing Address
CENTRAL ALLIANCE CHURCH
777 N.W. 106TH ST.
MIAMI FL 33150

2. Principal Place of Business
AS ABOVE

3. Mailing Address
AS ABOVE

City & State
Zip Country

4. FEI Number
59-1050681

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SCHMIDT, GARY
1031 N.W. 150TH ST.
MIAMI FL 33168

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

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P Donald Gary Schmidt 1031 NW 150 St Miami FL 33168		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Judith Evans 125 NW 127th Street North Miami, FL 33168		<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D V Dean Salvoog 14525 NW 13th Ave Miami, FL 33168		<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D S Marie Deloa 20680 NE 4th Court Unit 105 Miami, FL 33179		<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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 all other like empowered.

SIGNATURE: [Signature] Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/00)