

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90025 020 \*\*\*\*61.25



**DOCUMENT # N99000002820**  
 1. Entity Name  
**CENTRAL ALLIANCE CHURCH OF THE CHRISTIAN AND MISSIONARY ALLIANCE, INC.**

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: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_  
 City & State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Country: \_\_\_\_\_



1st MOORE CR2E037 (10/05)

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:  
**EVANS, JUDITH S  
 125 N.W. 127TH STREET  
 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. I am familiar with, and accept the obligations of registered agent.

*Do change*  
 SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW: FEE IS \$61.25 Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: TD <input type="checkbox"/> Delete	NAME: EVANS, JUDITH STREET ADDRESS: 125 N.W. 127TH STREET CITY-ST-ZIP: NORTH MIAMI FL 33168	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VD <input type="checkbox"/> Delete	NAME: SALVOG, DEAN STREET ADDRESS: 14525 N.W. 13TH AVE CITY-ST-ZIP: MIAMI FL 33167	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <del>AT</del> <input checked="" type="checkbox"/> Delete	NAME: <del>DELVA, HERVE</del> STREET ADDRESS: 20680 NE 4TH COURT, # 105 CITY-ST-ZIP: MIAMI FL 33179	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME (Miss): <i>Guethy Malheur</i> STREET ADDRESS: <i>1500 N.E. 109th Street</i> CITY-ST-ZIP: <i>Miami Shores, FL 33161</i>
TITLE: S <input type="checkbox"/> Delete	NAME: ROMELLA, WILLIAMS STREET ADDRESS: 415 NW 136TH STREET CITY-ST-ZIP: MIAMI FL 33168	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Judith S. Evans - Judith S. Evans TREASURER* FEB. 28, 2006 (305) 751-5445