


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2007 08:00 AM
Secretary of State

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 - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
4. FEI Number 59-1050681		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required



1st MOORE CR2E037 (10/06)

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
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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

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	EVANS, JUDITH	NAME	
STREET ADDRESS	125 N.W. 127TH STREET	STREET ADDRESS	U00000619136
CITY- ST- ZIP	NORTH MIAMI FL 33168	CITY- ST- ZIP	02/08/07-80059-001 61.25
TITLE	VD <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	SALVOG, DEAN	NAME	
STREET ADDRESS	14525 N.W. 13TH AVE	STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33167	CITY- ST- ZIP	
TITLE	PT <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	MALHEUR, GUETTY	NAME	
STREET ADDRESS	1500 NE 109TH ST	STREET ADDRESS	
CITY- ST- ZIP	MIAMI SHORES FL 33161	CITY- ST- ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	ROMELLA, WILLIAMS	NAME	
STREET ADDRESS	415 NW 136TH STREET	STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33168	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

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 Evans* **JUDITH EVANS, (TREASURER) JUN 31, 2007 (305-751-5145)**