

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003362

FILED
Mar 21, 2009
Secretary of State

Entity Name: FIRST ALLIANCE CHURCH OF HILLIARD, INC.

Current Principal Place of Business:

37207 MILL STREET
HILLIARD, FL 32046

New Principal Place of Business:

Current Mailing Address:

PO BOX 32
HILLIARD, FL 32046

New Mailing Address:

FEI Number: 59-2987279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUCHANAN, HUGH
36187 J.W. ELLIOTT ROAD
CALLAHAN, FL 32011 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: HEGLUND, TEDMAN E
Address: 37297 ORANGE ST.
City-St-Zip: HILLIARD, FL 32046

Title: D () Delete
Name: BUCHANAN, HUGH
Address: 36187 J.W. ELLIOTT ROAD
City-St-Zip: HILLIARD, FL 32046

Title: T/D () Delete
Name: PICKETT, LENA
Address: 377141 KINGS FERRY RD.
City-St-Zip: HILLIARD, FL 32046

Title: D () Delete
Name: CARTER, HOWARD
Address: 3752 ALICE STREET
City-St-Zip: HILLIARD, FL 32046

Title: T/D () Delete
Name: HICKS, JEFFREY
Address: 36017 JW ELLIOTT RD
City-St-Zip: CALLAHAN, FL 32011

Title: S/D () Delete
Name: SEWELL, ERMA
Address: 1000 EASTWOOD ROAD
City-St-Zip: HILLIARD, FL 32046

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TEDMAN E. HEGLUND

P/D

03/21/2009

Electronic Signature of Signing Officer or Director

Date