

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747233 (5)
1. Corporation Name
ALPHA BAPTIST CHURCH, INC.

FILED

96 SEP 10 PM 3: 16



Principal Place of Business Mailing Address
5235 SW 82ND AVE. 5235 SW 82ND AVE.
DAVIE FL 33328-5201 DAVIE FL 33328-5201

3. Date Incorporated or Qualified **05/17/1979** 3a. Date of Last Report **09/18/1995**

21. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2368121		Applied For	
22. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25. Country		29. Country					
30. Country							

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WAGGONER, THOMAS C.
7751 N.W. 174TH TERRACE
HIALEAH FL 33015

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
	85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	WAGGONER, THOMAS C.	1.2 NAME	WAGGONER, THOMAS C.
STREET ADDRESS	7751 N.W. 174TH TERR	1.3 STREET ADDRESS	7751 N.W. 174TH TERR.
CITY - ST - ZIP	HIALEAH FL	1.4 CITY - ST - ZIP	HIALEAH, FLORIDA 33015
TITLE	D	2.1 TITLE	D
NAME	WAGGONER, RUTH	2.2 NAME	JONES, JACK
STREET ADDRESS	7751 N.W. 174TH TERR	2.3 STREET ADDRESS	6489 BUCHANAN ST.
CITY - ST - ZIP	HIALEAH FL	2.4 CITY - ST - ZIP	HOLLYWOOD, FLORIDA 33024
TITLE	STD	3.1 TITLE	S
NAME	WAGGONER, TIMOTHY	3.2 NAME	WAGGONER, TIMOTHY
STREET ADDRESS	2230 ACAPULCO DRIVE	3.3 STREET ADDRESS	2230 ACAPULCO DRIVE
CITY - ST - ZIP	MIRAMAR FL	3.4 CITY - ST - ZIP	MIRAMAR, FLORIDA 33023
TITLE	PD	4.1 TITLE	
NAME	BUTTON, RALPH	4.2 NAME	
STREET ADDRESS	1414 N. 63RD AVENUE	4.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL 33024	4.4 CITY - ST - ZIP	
TITLE	TDV	5.1 TITLE	
NAME	SNIDER, JAMES F	5.2 NAME	
STREET ADDRESS	3081 SW 54TH AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL 33314	5.4 CITY - ST - ZIP	
TITLE	SD	6.1 TITLE	D
NAME	WAGGONER, TIMOTHY	6.2 NAME	KISER, CHARLES
STREET ADDRESS	2230 ACULPOCO DR	6.3 STREET ADDRESS	3299 SW. 50TH ROAD
CITY - ST - ZIP	MIRAMAR FL 33023	6.4 CITY - ST - ZIP	FT. LAUDERDALE, FL 33314

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEPTEMBER 8, 1996 (954) 981-8419
Date Date-time Phone #

CR2E037 (12/95)