

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 747233 (5)

1. Corporation Name
ALPHA BAPTIST CHURCH, INC.



Principal Place of Business 5235 SW 82ND AVE. DAVIE FL 33328-5201	Mailing Address 5235 SW 82ND AVE. DAVIE FL 33328-5201
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/17/1979	3a. Date of Last Report 09/10/1996
4. FEI Number 59-2368121	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WAGGONER, THOMAS C.	
STREET ADDRESS	7751 N.W. 174TH TERR	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JONES, JACK	
STREET ADDRESS	6489 BUCHANAN STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WAGGONER, TIMOTHY	
STREET ADDRESS	2230 ACAPULCO DRIVE	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BUTTON, RALPH	
STREET ADDRESS	1414 N. 83RD AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	TDV	<input type="checkbox"/> DELETE
NAME	SNIDER, JAMES F	
STREET ADDRESS	3081 SW 54TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33314	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KISER, CHARLES	
STREET ADDRESS	3299 SW 50TH ROAD	
CITY-ST-ZIP	FT. LAUDERDALE FL 33314	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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 REQUIRED _____ 7 25 97 051 901 9410

CFR2E037 (4/97)