

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90029 005 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # 747233
 1. Entity Name
ALPHA BAPTIST CHURCH, INC.

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

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For
59-2368121 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip Country Zip Country

6. Name and Address of Current Registered Agent
WAGGONER, THOMAS C.
7751 N.W. 174TH TERRACE
HIALEAH FL 33015

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

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	1801 NW 98TH AVE
CITY-ST-ZIP	PEMBROKE PINES 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
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I 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 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: *Ralph Button* May 24, 2000 (954) 981-8419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)