

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747233

**FILED
Jul 10, 2004
Secretary of State**

Entity Name: ALPHA BAPTIST CHURCH, INC.

Current Principal Place of Business:

5235 SW 82ND AVE.
DAVIE, FL 333285201

New Principal Place of Business:

Current Mailing Address:

6301 FILLMORE STREET
HOLLYWOOD, FL 33024

New Mailing Address:

FEI Number: 59-2368121 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BUTTON, RALPH E
1801 N.W. 98TH AVENUE
PEMBROKE PINES, FL 33024 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: SD () Delete
Name: WAGGONER, TIMOTHY
Address: 1141 N.W. 78TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: PD () Delete
Name: BUTTON, RALPH
Address: 1801 NW 98TH AVE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: TD () Delete
Name: SNIDER, JAMES F
Address: 3081 SW 54TH AVE
City-St-Zip: FT LAUDERDALE, FL 33314

Title: D () Delete
Name: KISER, CHARLES
Address: 3299 SW 50TH ROAD
City-St-Zip: FT. LAUDERDALE, FL 33314

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
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RALPH BUTTON

PD

07/10/2004

Electronic Signature of Signing Officer or Director

_____ Date