

FILE NOW: FILING FEE IS \$61.25

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Mar 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 # 767204 (1)

1. Corporation Name
ALAFIA BAPTIST CHURCH, INC.



Principal Place of Business 222 ALAFIA CHURCH ROAD LITHIA FL 33547	Mailing Address 222 ALAFIA CHURCH ROAD LITHIA FL 33547-1206
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 02/28/1983	3a. Date of Last Report 02/21/1996
4. FEI Number 59-2411198	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**STYER, JOHN CALVIN
12407 HWY 674
LITHIA FL 33547**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STYER, JOHN CALVIN	
STREET ADDRESS	12407 HWY. 674	
CITY-ST-ZIP	LITHIA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DUBOSE, MERRILL ELMOE	
STREET ADDRESS	P.O. BOX 444-401 12th Street	
CITY-ST-ZIP	WIMAUMA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MORGAN, ERNEST WILLIAM	
STREET ADDRESS	321 LEWIS RD.	
CITY-ST-ZIP	LITHIA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GREENWOOD, HARDY LEE	
STREET ADDRESS	207 CARTER RD.	
CITY-ST-ZIP	LITHIA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HISCOCK, CLARENCE B.	
STREET ADDRESS	16915 HWY 39S	
CITY-ST-ZIP	LITHIA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	Same as box 12
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	401 12th Street
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	Same as box 12
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	Same as box 12
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	Same as box 12
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: *John Calvin Styer* **REQUIRED** Date: **Feb 11, 1997**

CR2E037 (9/96)