

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767204

1. Entity Name

ALAFIA BAPTIST CHURCH, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90027 023 ****61.25

Principal Place of Business

Mailing Address

222 ALAFIA CHURCH ROAD
LITHIA FL 33547

222 ALAFIA CHURCH ROAD
LITHIA FL 33547-1206

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2411198

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STYER, JOHN CALVIN
12407 HWY 674
LITHIA FL 33547

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 PD
NAME STYER, JOHN CALVIN
STREET ADDRESS 12407 HWY. 674
CITY-ST-ZIP LITHIA FL 33547 ☐ Delete

TITLE VD
NAME DUBOSE, MERRILL ELMOE
STREET ADDRESS 401 12TH ST
CITY-ST-ZIP WIMAUMA FL ☐ Delete

TITLE SD
NAME FLAGG, THOMAS M
STREET ADDRESS 217 LEWIS ROAD
CITY-ST-ZIP LITHIA FL 33547 ☐ Delete

TITLE TD
NAME GREENWOOD, HARDY LEE
STREET ADDRESS 207 CARTER RD.
CITY-ST-ZIP LITHIA FL 33547 ☐ Delete

TITLE D
NAME HISCOCK, CLARENCE B.
STREET ADDRESS 16915 HWY 39S
CITY-ST-ZIP LITHIA FL 33547 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Calvin Styer 1/13/2000 813-634-8845

Date

Daytime Phone #