2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 14, 2004 08:00 AM **DOCUMENT # 767204** 1. Entity Name **Secretary of State** ALAFIA BAPTIST CHURCH, INC. Mailing Address Principal Place of Business 222 ALAFIA CHURCH ROAD 222 ALAFIA CHURCH ROAD LITHIA FL 33547 LITHIA FL 33547 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State 4. FEI Number City & State 59-2411198 Not Applicable \$8.75 Additional Zıp Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STYER, JOHN CALVIN Street Address (P.O. Box Number is Not Acceptable) 12407 HWY 674 LITHIA FL 33547 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registored agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 \$5.00 May Be 9. Election Campaign Financing Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Change TITLE ☐ Delete TITLE ☐ Addition STYER, JOHN CALVIN NAME NAME U00000051301 12407 HWY. 674 STREET ADDRESS STREET ADDRESS 02/16/04-80046-007 61.25 LITHIA FL 33547 CITY-ST-ZIP CITY ST-ZIP ☐ Delete Change Addition TIT! F DUBOSE, MERRILL ELMOE NAME NAME 401 12TH ST STREET ADDRESS STREET ADDRESS WIMAUMA FL CITY-ST-ZIP CITY - ST - ZIP ☐ Change ☐ Addition ☐ Delete TITEF TITLE FLAGG, THOMAS M NAME NAME 217 LEWIS ROAD STREET ADDRESS STREET ADDRESS LITHIA FL 33547 CITY -ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE GREENWOOD, HARDY LEE NAME NAME 207 CARTER RD. STREET ADDRESS STREET ADDRESS LITHIA FL 33547 CITY-ST-ZIP CATY - ST - ZIP ☐ Delete □ Change Addition TITLE TITLE ALMAND, DONALD T JR NAME NAME 17324 SR 674 STREET ADDRESS STREET ADDRESS LITHIA FL 33547 CITY-ST-ZIP CITY-SY-7IP □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

John Styer

SIGNATURE:

FILED

2/11/04 013-634-8845