


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # 767204 1. Entity Name ALAFIA BAPTIST CHURCH, INC.	
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Principal Place of Business 222 ALAFIA CHURCH ROAD LITHIA, FL 33547	Mailing Address 222 ALAFIA CHURCH ROAD LITHIA, FL 33547
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01182008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2411198	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STYER, JOHN CALVIN 12407 HWY 674 LITHIA, FL 33547
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**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000901271 04/29/08-80061-024 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STYER, JOHN CALVIN 12407 HWY. 674 LITHIA, FL 33547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUBOSE, MERRILL ELMOE 401 12TH ST WIMAUMA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLAGG, THOMAS M 217 LEWIS ROAD LITHIA, FL 33547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREENWOOD, HARDY LEE 207 CARTER RD. LITHIA, FL 33547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALMAND, DONALD T JR 17324 SR 674 LITHIA, FL 33547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **PRESIDENT** **4-13-08** **813-634-8845**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #