

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N50128** (0)

1. Corporation Name  
**THE BELLE GLADE ALLIANCE CHURCH, INC.**



Principal Place of Business: 425 E. CANAL ST., N, BELLE GLADE FL 33430, US  
Mailing Address: 425 E. CANAL ST. N, P.O. BOX 624, BELLE GLADE FL 33430, US

3. Date Incorporated or Qualified: 07/29/1992  
3a. Date of Last Report: 02/07/1995  
4. FEI Number: 59-1522945  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**STEPHENS, JOHNNIE D.  
509 NE 3 ST  
BELLE GLADE FL 33430**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>STEPHENS, JOHNNIE D.</b>	
STREET ADDRESS	<b>509 NE 3 ST</b>	
CITY-ST-ZIP	<b>BELLE GLADE FL 33430</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GREENE, LLOYD G.</b>	
STREET ADDRESS	<b>212 SE 5 ST N</b>	
CITY-ST-ZIP	<b>BELLE GLADE FL 33430</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GRIFFIN, JOHN</b>	
STREET ADDRESS	<b>9 NW AVE D</b>	
CITY-ST-ZIP	<b>BELLE GLADE FL 33430</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MILLER, HAROLD</b>	
STREET ADDRESS	<b>104 N.W. AVE. G</b>	
CITY-ST-ZIP	<b>BELLE GLADE FL 33430</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>OVERMOYER, PAUL</b>	
STREET ADDRESS	<b>205 SE 4TH N</b>	
CITY-ST-ZIP	<b>BELLE GLADE FL 33430</b>	
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		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or 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: *Johnnie D. Stephens* **Johnnie D. Stephens** 3/13/96 (407)996-3611

CR2E037 (12/95)