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NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT #

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Feb 09 1998 8:00am
Secretary of State

THE B	ELLE GLADE ALLIANCE C	HURCH, INC.							
Principal Plac	ce of Business	Mailing Address				1 10071101 100 01141 00151 11911 11091 11011			JUJ uju ju ibe l
425 E. CANAL ST., N. BELLE GLADE FL 33430 US		425 E. CANAL ST. N. P.O. BOX 624 BELLE GLADE FL 33430 US			3. Date Incorporated or Qualified 07/29/1992 4. FEI Number 59-1522945	 F		plied For	
	Place of Business	2a. Mailing Address			<u></u>	5. Certificate of Status Desired			Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
22 City & State		City & State			7. Is this nonprofit corporation a homeow	ners assoc			
Zip	Country	Zip	Count	lry		8. This corporation owes or has paid the	No current ve	ar Inte	angible
24	25	29	30			Personal Property Tax due June 30.	Yes	N.	No.
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registers	d Agent		
			8	II N	lame				
STEPHE 509 NE	ENS, JOHNNIE D. 3 ST			82 Stree		ress (P.O. Box Number is Not Acceptable)			- <u> </u>
	GLADE FL 33430		8:	3					
			84	4 0	ity		L 85	Zip C	ode
11. Pursuant office or r	to the provisions of Sections 617.05 registered agent, or both, in the Stat	02 and 617.1508, Florida Statut e of Florida. Such change was	es, the abor authorized t	Ve-na	amed corp e corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the a		ing its	registered
agent. I a									
SIGNATURE	Signature, typed or printed name of registered ag	gent and title II applicable. (NOT	E: Registered A			red when reinstating) DATE			
SIGNATURE	Signature, typed or printed name of registered ag	gent and title II applicable. (NOT	E: Registered A	igent si			ND DIREC	CTORS	S IN 12
SIGNATURE . 12. TITLE	Signature, typed or printed name of registered at OFFICERS AF	gent and title II applicable. (NOT	E: Registered A	igent si		red when reinstating) DATE		CTORS	
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14. 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 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:

Johnnie D. Stephens 27/9(561-996-3611