FILE NOW: FILING FEE IS \$61.25

2a. Mailing Address

Suite, Apt. #, etc.

26

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N50128 1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

THE BELLE GLADE ALLIANCE CHURCH, INC.

	٠,				
Principal Place of Business	7	*	Mailing Address		
425 E. CANAL ST., N. BELLE GLADE FL 33430 US	ī,		425 E. CANAL ST. N. P.O. BOX 624 BELLE GLADE FL 33430 US		

FILED Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90051 024 ****61.25



3. Date Incorporated or Qualifed

07/29/1992

59-1522945

4. FEI Number

7		[27]			59-1522945		Not	Applicable	
City & State				5. Certifcate of Status Desired		\$8.75 Ad Fee Req			
3		28	Cauntas		6 Floring Compaint Financing		\$5.00 N	lav Bo	
Zip	Country	Zip	Country		6. Election Campaign Financing		Added to		
4	25 29 30				Trust Fund Contribution Added to Fees 10. Name and Address of New Registered Agent				
	9. Name and Address of Curre	nt Registered Agent	81	Name	To. Name and Address of North	<u> </u>			
			6'		·				
STEPHENS, JOHNNIE D.			82	82 Street Address (P.O. Box Number is Not Acceptable)					
509 NE 3						·	<u> </u>		
	ADE FL 33430		83						
BELLE GL	ADE TE SOTO		84	City			85 Zip Co	ode	
		•	1	'	<u> </u>	<u></u>	<u>. Ledinara</u>		
office or resident. I as	egistered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed name of registered as	gations of, Section 617.0503, Flori	da Statutes Registered Ager		poration submits this statement for the on's board of directors! I hereby accepted when reinstating) ADDITIONS/CHANGES TO OFF	DATE	etan 5,53 ja 8.		
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	TOERO AIT	Change	Addition	
TITLE	TD ;	☐ DELETE	1.1 TITLE				Cribingo		
VAME !	STEPHENS, JOHNNIE D.		1.2 NAME						
STREET ADDRESS	509 NE 3 ST		1.3 STREE	T ADDRESS	success of the residence				
CITY-ST-ZIP	BELLE GLADE FL 33430		1.4 CITY-S	IT-ZIP					
TITLE	D	☐ DELETE	2.1 TITLE				Change	☐ Addition	
NAME	GREENE, LLOYD G		2.2 NAME						
	- · · · · · · · · · · · · · · · ·		2.3 STREE	T ADDRESS					
STREET ADDRESS			2. 4 CITY-5	ST-ZIP					
CITY-ST-ZIP	BELLE GLADE FL 33430	☐ DELETE	3.1 TITLE				Change	Additio	
TITLE	D CONTENT TOUN	_	3.2 NAME	1					
NAME :	GRIFFIN, JOHN		3.3 STREE	T ADDRESS					
STREET ADDRESS	9 NW AVE D		3.4. CITY-				٠,		
CITY-ST-ZIP: 🔙	BELLE GLADE FL 33430	☐ DELETE	4.1 TITLE	51-ZIF			Change	Additio	
TITLE	D	,	4.2 NAME						
NAME	MILLER, HAROLD			1			とは強い		
STREET ADDRESS			1	TADDRESS				8 8 1	
CITY-ST-ZIP	BELLE GLADE FL 33430	M perent	4,4 CITY-5	SI-ZIP	<u> </u>	. <u> </u>	☐ Change	☐ Additio	
TITLE	D	X DELETÉ	5.1 TITLE 5.2 NAME	-			3-	_	
NAME 5	BROWN, TERRY								
STREET ADDRESS	205 SE 4TH N			ET ADDRESS		÷			
CITY-ST-ZIP	BELLE GLADE FL		5.4 CITY-1	ST-ZIP		 	Change	Additio	
TITLE	\$1.20 h	☐ DELETÉ	6.1 TITLE	1			- Augusta		
NAME	[SC -3.12]		6.2 NAME						
STREET ADDRESS			6.3 STREE	ET ADORESS					
	1.5		6.4 CITY-	ST-7IP					
	1 %		VIII = 11	· · -:1	Section 119.07(3)(i), Florida Statutes.			£	

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 appreciation of the receiver or trustee empowered.

REDJohnnie D. Stephens

Applied For

Not Applicable