

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N50128**

1. Entity Name

**THE BELLE GLADE ALLIANCE CHURCH, INC.**

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90125 030 \*\*\*\*61.25

Principal Place of Business

Mailing Address

425 E. CANAL ST. N.  
 BELLE GLADE FL 33430  
 US

425 E. CANAL ST. N.  
 P.O. BOX 624  
 BELLE GLADE FL 33430-0624  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-1522945**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEPHENS, JOHNNIE D.**  
**509 NE 3 ST**  
**BELLE GLADE FL 33430**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	STEPHENS, JOHNNIE D.	
STREET ADDRESS	509 NE 3 ST	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GREENE, LLOYD G.	
STREET ADDRESS	212 SE 5 ST N	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIFFIN, JOHN	
STREET ADDRESS	9 NW AVE D	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, HAROLD	
STREET ADDRESS	104 N.W. AVE. G	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, TERRY	
STREET ADDRESS	205 SE 4TH N	
CITY-ST-ZIP	BELLE GLADE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gilmer, Donna	
STREET ADDRESS	705 N.E. 2nd St.	
CITY-ST-ZIP	Belle Glade, FL 33430	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tynik, Esther	
STREET ADDRESS	1040 N.E. 27th St.	
CITY-ST-ZIP	Belle Glade, FL 33430	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tyson, Brenda	
STREET ADDRESS	34 N.E. Ave. E	
CITY-ST-ZIP	Belle Glade, FL 33430	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Williamson, Timothy II	
STREET ADDRESS	205 S.E. 4th St. N	
CITY-ST-ZIP	Belle Glade, FL 33430	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

*Johnnie D. Stephens, Treasurer*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/00

Date

561-996-9914

Daytime Phone #

CR2E037 (9/99)