

1/19/01-5

2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 12, 2001 8:00 am Secretary of State

01-19-2001 90050 008 ****61.25

DOCUMENT # N50128

1. Entity 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1522945

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

PACE, CURTIS L. (Chairman)

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

212 S.E. 5th St. N.

City

Belle Glade

FL

Zip Code

33430

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

Curtis L. Pace

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-29-01

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

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 type="checkbox"/> Delete
NAME	TYSON, BRENDA	
STREET ADDRESS	34 N E AVE E	
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 type="checkbox"/> Delete
NAME	TYNIK, ESTHER	
STREET ADDRESS	1040 N E 27TH ST	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILMER, DONNA	
STREET ADDRESS	705 N E 2ND ST	
CITY-ST-ZIP	BELLE GLADE FL 33430	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PACE, CURTIS L.	
STREET ADDRESS	212 S.E. 5th St. N.	
CITY-ST-ZIP	Belle Glade, FL 33430	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Curtis L. Pace
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-2001

Date

561 996-9914

Daytime Phone #

CR2E037 (10/00)