

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90236 007 ****61.25

DOCUMENT # N50128

1. Entity Name

THE BELLE GLADE ALLIANCE CHURCH, INC.

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
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

PACE, CURTIS L
212 SE 5TH STREET N
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	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 checked="" 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	TYNIK, ESTHER	
STREET ADDRESS	1040 N E 27TH ST	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	D	<input checked="" type="checkbox"/> Delete
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	Herring, JAMES, Jr.	
STREET ADDRESS	808 N.E. 2nd St.	
CITY-ST-ZIP	Belle Glade, FL 33430	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Timmsen, Bill	
STREET ADDRESS	804 S. Main St.	
CITY-ST-ZIP	Belle Glade, FL 33430	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barnsdale, Fred	
STREET ADDRESS	1647 Bacom Point Road	
CITY-ST-ZIP	Pahokee, FL 33476	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alston, Donna	
STREET ADDRESS	1664 S.E. Ave. K Place	
CITY-ST-ZIP	Belle Glade, FL 33430	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kirchman, Peter	
STREET ADDRESS	961 Tabot Road	
CITY-ST-ZIP	Belle Glade, FL 33430	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rayburn, David	
STREET ADDRESS	833 N.E. 3rd St.	
CITY-ST-ZIP	Belle Glade, FL 33430	

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

Feb. 19, 2002 561 996-9914

Date

Daytime Phone #

CR2E037 (9/01)