

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90005 033 \*\*\*\*61.25

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01082004 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N50128</b>					
1. Entity Name <b>THE BELLE GLADE ALLIANCE CHURCH, INC.</b>					
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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1522945	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WILIAMSON, TIMOTHY D 205 S.E. 4TH ST. N BELLE GLADE, FL 33430			Name <u>Williamson II Timothy D.</u> Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Timothy D. Williamson II</u>		Signature, typed or printed name of registered agent and title if applicable.		DATE <u>1/9/04</u>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHENS, JOHNNIE D.		NAME	Rayburn, David	
STREET ADDRESS	509 NE 3 ST.		STREET ADDRESS	833 NE 3rd St	
CITY-ST-ZIP	BELLE GLADE, FL 33430		CITY-ST-ZIP	Belle Glade, FL 33430	
TITLE	D	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRING, JAMES JR		NAME	Herring James JR	
STREET ADDRESS	808 N E 2ND STREET		STREET ADDRESS	808 NE 2nd St.	
CITY-ST-ZIP	BELLE GLADE, FL 33430		CITY-ST-ZIP	Belle Glade, FL 33430	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, JOHN		NAME		
STREET ADDRESS	9 NW AVE D		STREET ADDRESS		
CITY-ST-ZIP	BELLE GLADE, FL 33430		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRCHMAN, PETER		NAME		
STREET ADDRESS	961 TABOT ROAD		STREET ADDRESS		
CITY-ST-ZIP	BELLE GLADE, FL 33430		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARNSDALE, FRED		NAME		
STREET ADDRESS	1647 BACOM POINT ROAD		STREET ADDRESS		
CITY-ST-ZIP	PAHOKEE, FL 33476		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALSTON, DONNA		NAME		
STREET ADDRESS	1664 S E AVE K PLACE		STREET ADDRESS		
CITY-ST-ZIP	BELLE GLADE, FL 33430		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: <u>Tim Williamson II</u>		Signature and typed or printed name of signing officer or director		Date <u>1/9/04</u> Daytime Phone # <u>(561) 996-9914</u>	