


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90062 037 ****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 - No P.O. Box #		3. Mailing Address 425 E. Canal st. N
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State Belle Glade, FL
Zip	Country	Zip 33430 Country USA



1st MOORE CR2E037 (10/06)

4. FEI Number 59-1522945		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILLIAMSON, TIMOTHY D REV III 212 SE 5TH STREET N BELLE GLADE FL 33430		7. Name and Address of New Registered Agent	
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Tim Williamson II* *Tim Williamson II* *2/1/07*
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 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAYBURN, DAVID			NAME			
STREET ADDRESS	833 NE 3RD ST			STREET ADDRESS			
CITY - ST - ZIP	BELLE GLADE FL 33430			CITY - ST - ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERRING, JAMES JR			NAME			
STREET ADDRESS	808 N E 2ND STREET			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	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		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Tim Williamson II* *Tim Williamson II* *2/1/07* *561-996-9914*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #