2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50128

FILED Jan 26, 2009 Secretary of State

Entity Name: THE BELLE GLADE ALLIANCE CHURCH, INC.

Current Principal Place of Business:				New Principal Place of Business:			
425 E. CAN BELLE GL <i>A</i>	IAL ST., N. ADE, FL 33430	US		25 E CANA BELLE GLA	ALSTN DE, FL 33430	US	
Current Mailing Address:				New Mailing Address:			
	IAL ST., N. ADE, FL 33430	US		25 E CANA BELLE GLA	ALSTN DE, FL 33430		
El Number:	59-1522945	FEI Number Applied For ()	El Numbe	er Not Applic	cable () C	ertificate of Status Desired ()
Name and	Address of Cu	rrent Registered Agent:	N	lame and A	Address of Nev	v Registered Agent:	
	AL ST N ADE, FL 33430 named entity su	US bmits this statement for the purp	2 ⁻ B	12 SE 5TH BELLE GLA	DE, FL 33430	US	both,
SIGNATUR	RE: CARL MET	ZGER				01/26/2009	
		Signature of Registered Agent				Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Fitle: Name: Address: City-St-Zip:	D () D RAYBURN, DAVID 833 NE 3RD ST BELLE GLADE, F)	Na Ad	itle: lame: ddress: ity-St-Zip:	() Ch	nange () Addition	
Fitle: Name: Address: Dity-St-Zip:	TD () D HERRING, JAMES 808 N E 2ND STR BELLE GLADE, F	REET	Na Ad	ame:	T (X) CH HERRING, JAMES 808 N E 2ND STRE BELLE GLADE, FL	EET	
Fitle: Name: Address: City-St-Zip:	D () D GRIFFIN, JOHN 9 NW AVE D BELLE GLADE, F	elete L 33430	Na Ad	itle: lame: ddress: :ity-St-Zip:	D (X) CH GRIFFIN, JOHN 9 NW AVE D BELLE GLADE, FL	nange () Addition	
Fitle: Name: Nddress: Dity-St-Zip:	D () D KIRCHMAN, PETE 961 TABOT ROAL BELLE GLADE, F	ER D	Na Ad	itle: lame: ddress: ity-St-Zip:	() Ch	nange () Addition	
Fitle: Name: Address: City-St-Zip:	() D	elete	Na Ad	itle: lame: ddress: ity-St-Zip:	D () Ch SULLIVAN, ALAN 909 NE 3RD ST N BELLE GLADE, FL	nange (X) Addition	
Fitle: Name: Address: City-St-Zip:	() D	elete	Na Ad	itle: lame: ddress: tity-St-Zip:	S () Ch OUTZ, SHARON 633 SE 7TH DR BELLE GLADE, FL	nange (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES HERRING T 01/26/2009