

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50128

FILED  
Mar 19, 2010  
Secretary of State

**Entity Name:** THE BELLE GLADE ALLIANCE CHURCH, INC.

**Current Principal Place of Business:**

425 E CANAL ST N  
BELLE GLADE, FL 33430 US

**New Principal Place of Business:**

**Current Mailing Address:**

425 E CANAL ST N  
BELLE GLADE, FL 33430

**New Mailing Address:**

FEI Number: 59-1522945

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

METZGER JR, WILLIAM C PASTOR  
212 SE 5TH ST N  
BELLE GLADE, FL 33430 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: RAYBURN, DAVID  
Address: 833 NE 3RD ST  
City-St-Zip: BELLE GLADE, FL 33430

Title: T  
Name: HERRING, JAMES JR  
Address: 808 N E 2ND STREET  
City-St-Zip: BELLE GLADE, FL 33430

Title: D  
Name: GRIFFIN, JOHN  
Address: 9 NW AVE D  
City-St-Zip: BELLE GLADE, FL 33430

Title: D  
Name: KIRCHMAN, PETER  
Address: 961 TABOT ROAD  
City-St-Zip: BELLE GLADE, FL 33430

Title: D  
Name: SULLIVAN, ALAN  
Address: 909 NE 3RD ST N  
City-St-Zip: BELLE GLADE, FL 33430 US

Title: S  
Name: OUTZ, SHARON  
Address: 633 SE 7TH DR  
City-St-Zip: BELLE GLADE, FL 33430 US

I hereby 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 all other like empowered.

SIGNATURE: JAMES M. HERRING, JR.

TRES

03/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date