

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

0081021

**DOCUMENT # N50128**

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



03-31-2003 90213 002 \*\*\*\*61.25

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  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
City & State

4. FEI Number **59-1522945** Applied For  
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**PACE, CURTIS L  
212 SE 5TH STREET N  
BELLE GLADE FL 33430**

7. Name and Address of New Registered Agent  
Name  
**Williamson, Timothy D., II**  
Street Address (P.O. Box Number is Not Acceptable)  
**205 S.E. 4th St. N**  
City  
**Belle Glade** **FL** Zip Code  
**33430**

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 Timothy D. Williamson, II Pastor *Tim Williamson II* 3/26/03  
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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD STEPHENS, JOHNNIE D. 509 NE 3 ST BELLE GLADE FL 33430</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HERRING, JAMES JR 808 N E 2ND STREET BELLE GLADE FL 33430</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GRIFFIN, JOHN 9 NW AVE D BELLE GLADE FL 33430</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD TIMMSEN, BILL 8045 S MAIN STREET BELLE GLADE FL 33430</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BARNSDALE, FRED 1647 BACOM POINT ROAD PAHOKEE FL 33476</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD ALSTON, DONNA 1664 S E AVE K PLACE BELLE GLADE FL 33430</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Kirchman, Peter 961 Tabot Road Belle Glade, FL 33430</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Rayburn, David 833 N.E. 3rd Street Belle Glade, FL 33430</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Tim Williamson II* **REQUIRED** Tim Williamson II 3/26/03 561-996-9944  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)