

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N50128

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

**Current Principal Place of Business:**

425 E CANAL ST N  
BELLE GLADE, FL 33430

**Current Mailing Address:**

425 E CANAL ST N  
BELLE GLADE, FL 33430

**FEI Number: 59-1522945**

**Certificate of Status Desired: No**

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

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

*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

**Officer/Director Detail :**

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

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

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

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

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

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

Title DIRECTOR  
Name MILLER, MATTHEW  
Address 425 E CANAL ST N  
City-State-Zip: BELLE GLADE FL 33430

*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.**

**TREASURER**

**01/09/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date