

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701433

1. Entity Name

ALFORD BAPTIST CHURCH OF ALFORD INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 27 AM 9:34

Principal Place of Business

1764 CAROLINA ST.
ALFORD FL 32420
US

Mailing Address

P.O. BOX 6
ALFORD FL 32420
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2638029

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SMITH, HELEN K
1744 FLORIDA ST
ALFORD FL 32440

7. Name and Address of New Registered Agent

Name MCRoy, SHARON D.

Street Address (P.O. Box Number is Not Acceptable)

1764 CAROLINA ST OR
2627 ROWELL RD COTTONDALE FL 32431

City ALFORD FL Zip Code 32420

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.

SIGNATURE

Sharon D. McRoy

9/1/2001

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

After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	T SMITH, HELEN K	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1744 FLORIDA ST	
CITY-ST-ZIP	ALFORD FL 32420	
TITLE NAME	D KIRBY, TOM	<input type="checkbox"/> Delete
STREET ADDRESS	2010 REEDY CREEK ROAD	
CITY-ST-ZIP	ALFORD FL	
TITLE NAME	D TATE, CHARLES	<input type="checkbox"/> Delete
STREET ADDRESS	5125 WOODGATE WAY	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE NAME	D JOLLEY, ELLIS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2293 OBERT RD.	
CITY-ST-ZIP	COTTONDALE FL	
TITLE NAME	PD SMITH, TRAVIS E.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	428 SOMEWHERE LANE	
CITY-ST-ZIP	ALFORD FL	
TITLE NAME	D WOODRUFF, JOSEPH E	<input type="checkbox"/> Delete
STREET ADDRESS	2306 SIXTH AVENUE	
CITY-ST-ZIP	ALFORD FL 32420	

TITLE NAME	T MCRoy, SHARON D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2627 ROWELL RD	
CITY-ST-ZIP	COTTONDALE FL 32431	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	800004621818--8	
CITY-ST-ZIP	-10/03/01--01059--005	
TITLE NAME	D FORAN, FREDDIE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2050 MILL RD	
CITY-ST-ZIP	COTTONDALE FL 32431	
TITLE NAME	S WELSEL, SHIRLEY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1024 SORRENTO AVE	
CITY-ST-ZIP	ALFORD FL 32420	

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: *Sharon D. McRoy* SHARON D. MCRoy 9/1/2001 (850) 482-9630

CP2E037 (5/01)