


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90181 040 ****61.25

DOCUMENT # 701433	
1. Entity Name ALFORD BAPTIST CHURCH OF ALFORD INC	

Principal Place of Business 1764 CAROLINA ST. ALFORD, FL 32420 US	Mailing Address P.O. BOX 6 ALFORD, FL 32420 US
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DO NOT WRITE IN THIS SPACE



01162004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2638029	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCROY, SHARON D 1764 CAROLINA ST ALFORD, FL 32420
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCROY, SHARON D 2627 ROWELL RD COTTONDALE, FL 32431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRBY, TOM 2010 REEDY CREEK ROAD ALFORD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TATE, CHARLES 5125 WOODGATE WAY MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORAN, FREDDIE 2050 MILL RD COTTONDALE, FL 32431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEISEL, SHIRLEY 1024 SORRENTO AVE ALFORD, FL 32420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODRUFF, JOSEPH E 2306 SIXTH AVENUE ALFORD, FL 32420

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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 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____