


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90080 029 ****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



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

0112005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
MCROY, SHARON D
1764 CAROLINA ST
ALFORD, FL 32420

4. FEI Number
59-2638029

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

Filing Fee is \$61.25
Due by May 1, 2005

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	T	<input type="checkbox"/> Delete
NAME	MCROY, SHARON D	
STREET ADDRESS	2627 ROWELL RD	
CITY-ST-ZIP	COTTONDALE, FL 32431	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIRBY, TOM	
STREET ADDRESS	2010 REEDY CREEK ROAD	
CITY-ST-ZIP	ALFORD, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TATE, CHARLES	
STREET ADDRESS	5125 WOODGATE WAY	
CITY-ST-ZIP	MARIANNA, FL 32446	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORAN, FREDDIE	
STREET ADDRESS	2050 MILL RD	
CITY-ST-ZIP	COTTONDALE, FL 32431	
TITLE	S	<input type="checkbox"/> Delete
NAME	WEISEL, SHIRLEY	
STREET ADDRESS	1024 SORRENTO AVE	
CITY-ST-ZIP	ALFORD, FL 32420	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOODRUFF, JOSEPH E	
STREET ADDRESS	2306 SIXTH AVENUE	
CITY-ST-ZIP	ALFORD, FL 32420	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Art Green	
STREET ADDRESS	1411 Mill Rd	
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* **January 11, 2005 850.482.9620**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #