

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90046 045 ****61.25



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

Principal Place of Business Mailing Address
 1764 CAROLINA ST. P.O. BOX 6
 ALFORD FL 32420 ALFORD FL 32420
 US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-2638029 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

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

7. Name and Address of New Registered Agent
 Name: Wheeler, Bernice
 Street Address (P.O. Box Number is Not Acceptable): 1764 Carolina St
 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: Bernice Wheeler Bernice Wheeler Secretary/Clerk 1-22-07
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
Due By May 1, 2007

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	BURNETT, KAREN D	
STREET ADDRESS	2159 MORRIS ROAD	
CITY - ST - ZIP	COTTONDALE FL 32431	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KIRBY, TOM	
STREET ADDRESS	2010 REEDY CREEK ROAD	
CITY - ST - ZIP	ALFORD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, ART	
STREET ADDRESS	1411 MILL RD	
CITY - ST - ZIP	ALFORD FL 32420	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORAN, FREDDIE	
STREET ADDRESS	2050 MILL RD	
CITY - ST - ZIP	COTTONDALE FL 32431	
TITLE	S	<input checked="" 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donnie Peacock	
STREET ADDRESS	2765 Perry Rd	
CITY - ST - ZIP	Cottondale, FL 32431	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wheeler Bernice	
STREET ADDRESS	2538 3rd Ave.	
CITY - ST - ZIP	Alford, FL 32420	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Bernice Wheeler Bernice Wheeler 1/22/07 (850) 579-4537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #