


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 701433 1. Entity Name ALFORD BAPTIST CHURCH OF ALFORD INC	
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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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01052008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2638029	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WHEELER, BERNICE
 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: *Bernice Wheeler* DATE: *1-8-08*

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, 2008**

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 BURNETT, KAREN D 2159 MORRIS ROAD COTTONDALE, FL 32431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEACOCK, DONNIE 2765 PERRY RD COTTONDALE, FL 32431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, ART 1411 MILL RD ALFORD, FL 32420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORAN, FREDDIE 2050 MILL RD COTTONDALE, FL 32431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHEELER, BERNICE 2538 3RD 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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 01/16/08-80046-025 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 DATE: *1-8-08* (850) 579-4537

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