

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90084 007 ****61.25

DOCUMENT # 701433

1. Entity Name

ALFORD BAPTIST CHURCH OF ALFORD INC



Principal Place of Business

Mailing Address

**1764 CAROLINA ST.
ALFORD FL 32420
US**

**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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCROY, SHARON D
1764 CAROLINA ST
ALFORD FL 32420**

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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
Sharon D. McRoy 2-7-2003 850-482-9620

CR2E037 (10/02)