

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **747233** (5)
1. Corporation Name
ALPHA BAPTIST CHURCH, INC.

FILED

96 SEP 10 PM 3: 16



Principal Place of Business
**5235 SW 82ND AVE.
DAVIE FL 33328-5201**

Mailing Address
**5235 SW 82ND AVE.
DAVIE FL 33328-5201**

3. Date Incorporated or Qualified
05/17/1979

3a. Date of Last Report
09/18/1995

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

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

4. FEI Number
59-2368121

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**WAGGONER, THOMAS C.
7751 N.W. 174TH TERRACE
HIALEAH FL 33015**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	WAGGONER, THOMAS C.	<input type="checkbox"/> DELETE
NAME		7751 N.W. 174TH TERR	
STREET ADDRESS		HIALEAH FL	
CITY - ST - ZIP			
TITLE	D	WAGGONER, RUTH	<input checked="" type="checkbox"/> DELETE
NAME		7751 N.W. 174TH TERR	
STREET ADDRESS		HIALEAH FL	
CITY - ST - ZIP			
TITLE	STD	WAGGONER, TIMOTHY	<input type="checkbox"/> DELETE
NAME		2230 ACAPULCO DRIVE	
STREET ADDRESS		MIRAMAR FL	
CITY - ST - ZIP			
TITLE	PD	BUTTON, RALPH	<input type="checkbox"/> DELETE
NAME		1414 N. 63RD AVENUE	
STREET ADDRESS		HOLLYWOOD FL 33024	
CITY - ST - ZIP			
TITLE	TDV	SNIDER, JAMES F	<input type="checkbox"/> DELETE
NAME		3081 SW 54TH AVE	
STREET ADDRESS		FT LAUDERDALE FL 33314	
CITY - ST - ZIP			
TITLE	SD	WAGGONER, TIMOTHY	<input checked="" type="checkbox"/> DELETE
NAME		2230 ACULPOCO DR	
STREET ADDRESS		MIRAMAR FL 33023	
CITY - ST - ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	WAGGONER, THOMAS C.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		7751 N.W. 174TH TERR.	
1.3 STREET ADDRESS		HIALEAH, FLORIDA 33015	
1.4 CITY - ST - ZIP			
2.1 TITLE	D	JONES, JACK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		6489 BUCHANAN ST.	
2.3 STREET ADDRESS		HOLLYWOOD, FLORIDA 33024	
2.4 CITY - ST - ZIP			
3.1 TITLE	S	WAGGONER, TIMOTHY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		2230 ACAPULCO DRIVE	
3.3 STREET ADDRESS		MIRAMAR, FLORIDA 33023	
3.4 CITY - ST - ZIP			
4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE	D	KISER, CHARLES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		3299 SW. 50TH ROAD	
6.3 STREET ADDRESS		FT. LAUDERDALE, FL 33314	
6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEPTEMBER 8, 1996 (954)
881-8419

CR2E037 (12/95)