

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747233

1. Entity Name

ALPHA BAPTIST CHURCH, INC.

Principal Place of Business

5235 SW 82ND AVE.  
DAVIE FL 33328-5201

Mailing Address

5235 SW 82ND AVE.  
DAVIE FL 33328-5201

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2368121

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S ☐ Delete  
NAME WAGGONER, TIMOTHY  
STREET ADDRESS 2230 ACAPULCO DRIVE  
CITY-ST-ZIP MIRAMAR FL 33023

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME BUTTON, RALPH  
STREET ADDRESS 1801 NW 98TH AVE  
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TDV ☐ Delete  
NAME SNIDER, JAMES F  
STREET ADDRESS 3081 SW 54TH AVE  
CITY-ST-ZIP FT LAUDERDALE FL 33314

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME KISER, CHARLES  
STREET ADDRESS 3299 SW 50TH ROAD  
CITY-ST-ZIP FT. LAUDERDALE FL 33314

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Ralph Button*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MAY 24, 2000 (954) 981-8419

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE