


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jul 10, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # 767204</b> 1. Entity Name ALAFIA BAPTIST CHURCH, INC.		
Principal Place of Business 222 ALAFIA CHURCH ROAD LITHIA, FL 33547		Mailing Address 222 ALAFIA CHURCH ROAD LITHIA, FL 33547
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  STYER, JOHN CALVIN 12407 HWY 674 LITHIA, FL 33547		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STYER, JOHN CALVIN 12407 HWY. 674 LITHIA, FL 33547	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUBOSE, MERRILL ELMOE 401 12TH ST WIMAUMA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLAGG, THOMAS M 217 LEWIS ROAD LITHIA, FL 33547	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREENWOOD, HARDY LEE 207 CARTER RD. LITHIA, FL 33547	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALMAND, DONALD T JR 17324 SR 674 LITHIA, FL 33547	
TITLE 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 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: <u>John Styer, Pres.</u> 7-5-07 813-684-8845 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



07022007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2411198	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

UD00000767722  
07/10/07-80016-016 61.25

**DO NOT WRITE  
IN THIS SPACE**