

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006495

FILED
Apr 09, 2006
Secretary of State

Entity Name: ALPHA CARIBBEAN BAPTIST CHURCH INC.

Current Principal Place of Business:

1295 NE 179 ST
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 60-0895
NORTH MIAMI BEACH, FL 33160

New Mailing Address:

FEI Number: 91-2160038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICHOLSON, CUFFY
1295 NE 179 ST.
MIAMI, FL 33162 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CUFFY, NICHOLSON
Address: 1295 NE 179TH ST.
City-St-Zip: N. MIAMI BCH, FL 33162

Title: D () Delete
Name: JENNINGS, JOYCE
Address: 65 NE 202 TERR., BLDG. 27
City-St-Zip: MIAMI, FL 33179

Title: D () Delete
Name: SEWALL, PAUL
Address: 14060 NE 169 ST
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D () Delete
Name: RILEY, TONY
Address: 856 NE 160 ST
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D () Delete
Name: JEFFREY, MYRTHLIN
Address: 1611 NE 157 TR
City-St-Zip: NORTH MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICHOLSON CUFFY

MR

04/09/2006

Electronic Signature of Signing Officer or Director

Date