

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2005 8:00 am
Secretary of State

02-09-2005 90058 023 ****61.25

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1st MOORE CR2E037 (10/04)

DOCUMENT # N04000009687 1. Entity Name FIRST ASSEMBLY OF GOD CHURCH OF ALFORD, INC.					
Principal Place of Business 1782 TENNESSEE STREET ALFORD FL 32420 US			Mailing Address P.O. BOX 228 ALFORD FL 32420 US		
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 59-2236256	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BARNES, MYRLE 2284 HOLLEY TIMBER ROAD COTTONDALE FL 32431				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	ST <input type="checkbox"/> Delete				
NAME	BARNES, MYRLE				
STREET ADDRESS	2284 HOLLEY TIMBER ROAD				
CITY- ST- ZIP	COTTONDALE FL 32431				
TITLE	D <input type="checkbox"/> Delete				
NAME	PUMPHREY, DOYLE				
STREET ADDRESS	2017 CORBIN ROAD				
CITY- ST- ZIP	COTTONDALE FL 32431				
TITLE	D <input type="checkbox"/> Delete				
NAME	BARNES, FRANKIE T				
STREET ADDRESS	2284 HOLLEY TIMBER ROAD				
CITY- ST- ZIP	COTTONDALE FL 32431				
TITLE	D <input type="checkbox"/> Delete				
NAME	JACKSON, DORCAS				
STREET ADDRESS	1888 GLEN EYRIE LANE				
CITY- ST- ZIP	MARIANNA FL 32448				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Myrle Barnes - MYRLE BARNES - Sec/Treas 2/3/05 850-579-4825 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					