


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000009687</b> 1. Entity Name <b>FIRST ASSEMBLY OF GOD CHURCH OF ALFORD, INC.</b>	
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Principal Place of Business <b>1782 TENNESSEE STREET</b> <b>ALFORD FL 32420</b> <b>US</b>	Mailing Address <b>P.O. BOX 228</b> <b>ALFORD FL 32420</b> <b>US</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE      CR2E037 (10/06)

City & State Zip      Country	City & State Zip      Country	4. FEI Number <b>59-2236253</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  <b>BARNES, MYRLE</b> <b>2284 HOLLEY TIMBER ROAD</b> <b>COTTONDALE FL 32431</b>
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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**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	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	U00000626391
CITY-ST-ZIP	02/15/07-80019-002 70.00
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 exemptions contained in Section 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: Myrle Barnes      Date: 2/4/2007      Telephone: 850-579-4825