

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90038 037 *****70.00

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**

40016797



01092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2236253

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BARNES, MYRLE
2284 HOLLEY TIMBER ROAD
COTTONDALE, FL 32431**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	BARNES, MYRLE
STREET ADDRESS	2284 HOLLEY TIMBER ROAD
CITY-ST-ZIP	COTTONDALE, FL 32431
TITLE	D
NAME	BARNES, FRANKIE T
STREET ADDRESS	2284 HOLLEY TIMBER ROAD
CITY-ST-ZIP	COTTONDALE, FL 32431
TITLE	D
NAME	JACKSON, DORCAS
STREET ADDRESS	1888 GLEN EYRIE LANE
CITY-ST-ZIP	MARIANNA, FL 32448
TITLE	D
NAME	DENNIE FORAN
STREET ADDRESS	P.O. BOX 281 2191 MARTIN RD.
CITY-ST-ZIP	MARIANNA, FL 32447
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: Myrle Barnes **MYRLE BARNES** **JAN. 29, 2008** **850-579-4825**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone