

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000003329**

1. Entity Name  
**PINE LEVEL CHURCH, INC.**



Principal Place of Business

**CR 127 N.  
BAXTER, FL**

Mailing Address

**10658 EARL ALFORD LANE  
GLEN ST. MARY, FL 32040**



04212004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**31-1671597**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**ALFORD, EARL W  
10658 EARL ALFORD LANE  
GLEN ST. MARY, FL 32040**

**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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**000000128154**  
**04/26/04-60026-016 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV MANN, W. T. SR. P.O. BOX 192 N/A SANDERSON, FL 32087
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST ALFORD, EARL W RT. 2, BOX 240 GLEN ST. MARY, FL 32040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMPSON, KENNETH W RT. 2, BOX 232 GLEN ST. MARY, FL 32040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STARLING, RUBIN C P.O. BOX 309 N/A MACCLENNEY, FL 32063
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARVEY, CARL RT. 1, BOX 602-B MACCLENNEY, FL 32063
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MANN, THOMAS 8318 THOMAS SWEAT RD SANDERSON, FL 32087

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Earl W. Alford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Earl W. Alford*

*4-21-04*

Date

*904-459-2652*  
Daytime Phone #