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Jul 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morhart Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000001015 (4)
1. Corporation Name
DEBRA ALLEN MINISTRIES, INC.



Principal Place of Business 1501 NW 108 AVE., #327 PLANTATION FL 33322	Mailing Address 1501 NW 108 AVE., #327 PLANTATION FL 33322-6905
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3. Date Incorporated or Qualified 02/23/1996	3a. Date of Last Report
4. FEI Number 05-0653598	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	25
29	30

9. Name and Address of Current Registered Agent
**WILLIAMS, DEBRA A
1501 NW 108 AVE., #327
PLANTATION FL 33322**

10. Name and Address of New Registered Agent

81 Name ALLEN, DEBRA A (First Name Change only)
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Debra Allen* DATE **6/6/97**

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	BRANCH, ELECTA
STREET ADDRESS	3345 N. STATE HWY 239
CITY-ST-ZIP	BLYTHEVILLE AR 72315
TITLE	D <input type="checkbox"/> DELETE
NAME	GOLPHIN, RAYMOND
STREET ADDRESS	1413 S. LEE CIR.
CITY-ST-ZIP	BLYTHEVILLE AR 72315
TITLE	D <input type="checkbox"/> DELETE
NAME	TOWNSEND, NENA
STREET ADDRESS	P.O. BOX 1015
CITY-ST-ZIP	MANILA AR 72442
TITLE	D <input type="checkbox"/> DELETE
NAME	WILLIAMS, DEBRA A
STREET ADDRESS	1501 NW 108 AVE., #327
CITY-ST-ZIP	PLANTATION FL 33322
TITLE	D <input type="checkbox"/> DELETE
NAME	BRASSFIELD, PHILLIP REV
STREET ADDRESS	1009 TRAILWOOD
CITY-ST-ZIP	HERBER SPRINGS AR 72543
TITLE	D <input type="checkbox"/> DELETE
NAME	LANE-JOHNSON, ELIZABETH
STREET ADDRESS	P.O. BOX 54251
CITY-ST-ZIP	MERRITT ISLAND FL 32954

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<i>Same</i>
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>Same</i>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	201 E. Lake
3.3 STREET ADDRESS	Manila, AR 72442
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ALLEN, DEBRA (only)
4.3 STREET ADDRESS	<i>Same</i>
4.4 CITY-ST-ZIP	<i>Same</i>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<i>Same</i>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	245 #6 Spring Drive
6.3 STREET ADDRESS	Merritt Island, FL 32954
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Debra Allen* DATE **2/23/97 (S941761-7511)**

CR2E037 (9/96)