

FILE NOW: FILING FEE IS \$61.25

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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
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3. Date Incorporated or Qualified 02/23/1996	
4. FEI Number 65-0653598	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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

ALLEN, DEBRA A
1501 NW 108 AVE., #327
PLANTATION FL 33322

10. Name and Address of New Registered Agent

81 Name	
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANCH, ELECTA	1.2 NAME	
STREET ADDRESS	3345 N. STATE HWY 239	1.3 STREET ADDRESS	
CITY-ST-ZIP	BLYTHEVILLE AR 72315	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLPHIN, RAYMOND	2.2 NAME	D Williams, Henrietta
STREET ADDRESS	1413 S. LEE CIR.	2.3 STREET ADDRESS	#6 Hickory Hill Circle
CITY-ST-ZIP	BLYTHEVILLE AR 72315	2.4 CITY-ST-ZIP	Little Rock, AR 72212
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWNSEND, NENA	3.2 NAME	
STREET ADDRESS	201 E LAKE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MANILA AL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, DEBRA	4.2 NAME	DP
STREET ADDRESS	1501 NW 108 AVE., #327	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRASSFIELD, PHILLIP REV	5.2 NAME	
STREET ADDRESS	1009 TRAILWOOD	5.3 STREET ADDRESS	
CITY-ST-ZIP	HERBER SPRINGS AR 72543	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE-JOHNSON, ELIZABETH	6.2 NAME	
STREET ADDRESS	245 #6 SPRING DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	6.4 CITY-ST-ZIP	

14. 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 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* **Debra Allen** *2/26/98* **(954) 761-7516**

CFR2007 (10/97)