

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 11, 1999 8:00 am**  
**Secretary of State**

05-11-1999 90030 022 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N96000001015**

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

544804 - 90030 - 22



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	890 NW 168 Avenue	4.	FEI Number
22	City & State	27	Suite, Apt. #, etc.		65-0653598
23	Zip	28	City & State	5.	Certificate of Status Desired
24	Country	29	Pembroke Pines, FL		<input type="checkbox"/> \$8.75 Additional Fee Required
		30	Zip	6.	Election Campaign Financing
			33028		<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
ALLEN, DEBRA A 1501 NW 108 AVE., #327 PLANTATION FL 33322				81	Name			
				82	Street Address (P.O. Box Number is Not Acceptable)			
				83	890 NW 168 Avenue			
				84	City	Pembroke Pines	85	Zip Code
						FL		33028

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 A. Allen* (NOTE: Registered Agent signature required when reinstating) DATE *5/12/99*

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GOLPHIN, RAYMOND		2.2 NAME				
STREET ADDRESS	1413 S. LEE CIR.		2.3 STREET ADDRESS	2301 Peabody			
CITY-ST-ZIP	BLYTHEVILLE AR 72315		2.4 CITY-ST-ZIP	Blytheville, AR 72315			
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	TOWNSEND, NENA		3.2 NAME	Dr. Henrietta Williams			
STREET ADDRESS	201 E LAKE		3.3 STREET ADDRESS	#6 Hickory Hill Circle			
CITY-ST-ZIP	MANILA AL		3.4 CITY-ST-ZIP	Little Rock, AR 72212			
TITLE	DP	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ALLEN, DEBRA		4.2 NAME				
STREET ADDRESS	1501 NW 108 AVE., #327		4.3 STREET ADDRESS	890 NW 168 Avenue			
CITY-ST-ZIP	PLANTATION FL		4.4 CITY-ST-ZIP	Pembroke Pines, FL 33028			
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LANE-JOHNSON, ELIZABETH		6.2 NAME				
STREET ADDRESS	245 #6 SPRING DR		6.3 STREET ADDRESS	3442 S. Crestline Drive			
CITY-ST-ZIP	MERRITT ISLAND FL		6.4 CITY-ST-ZIP	Virginia Beach, VA 23464			

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, with all other like empowered.

SIGNATURE: *Debra A. Allen* DATE: *5/12/99* DAYTIME PHONE: *(954) 761-7413*

CR2E037 (11/98)