

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001015

1. Entity Name

DEBRA ALLEN MINISTRIES, INC.

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90086 039 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1501 NW 108 AVE., #327  
 PLANTATION FL 33322

890 NW 168 AVE  
 PEMBROKE PINES FL 33028-1481

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pembroke Pines, FL

4. FEI Number

65-0653598

Applied For

Not Applicable

Zip

Country

Zip

Country

33028

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLEN, DEBRA A  
 890 NW 168 AVE  
 PEMBROKE PINES FL 33028

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

*Debra A. Allen*

3/10/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
 FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	2301 PEABODY	
CITY-ST-ZIP	BLYTHEVILLE AR 72315	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, HENRIETTA DR	
STREET ADDRESS	#6 HICKORY HILL CIRCLE	
CITY-ST-ZIP	LITTLE ROCK AR	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ALLEN, DEBRA	
STREET ADDRESS	890 NW 168 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL	
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	3442 S CRESTLINE DR	
CITY-ST-ZIP	VIRGINIA BEACH FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	ZIP 72212	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	ZIP 33028	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3124 Ponderosa Lane	
CITY-ST-ZIP	Thomson, GA 30824	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	ZIP 23464	

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:

*Debra A. Allen*

3/10/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #