

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001015

FILED
Mar 30, 2009
Secretary of State

Entity Name: DEBRA ALLEN MINISTRIES, INC.

Current Principal Place of Business:

540 NE 8TH STREET
FT LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

890 NW 168 AVE.
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 65-0653598 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALLEN, DEBRA
Address: 890 NW 168TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D () Delete
Name: GOLPHIN, RAYMOND
Address: 1105 TERRY LANE
City-St-Zip: BLYTHEVILLE, AR 72315

Title: D () Delete
Name: GIBSON, ELIZABETH
Address: 890 NW 168TH AVE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D () Delete
Name: BRASSFIELD, PHILLIP DR
Address: P.O. BOX 341
City-St-Zip: HERBER SPRINGS, AR 72543

Title: D () Delete
Name: WARREN, WOODY
Address: 18210 NW 36TH TERRACE
City-St-Zip: FT LAUDERDALE, FL 33311

Title: D () Delete
Name: JONES, CHANDRIA D
Address: 1 BRALAN COURT
City-St-Zip: GAITHERSBURG, MD 20877

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA ALLEN

PD

03/30/2009

Electronic Signature of Signing Officer or Director

_____ Date