

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000001236

**FILED**  
**Apr 18, 2016**  
**Secretary of State**  
**CC5862114541**

**Entity Name:** COCONUT GROVE MINISTERIAL ALLIANCE, INC.

**Current Principal Place of Business:**

3616 DAY AVENUE  
COCONUT GROVE, FL 33133

**Current Mailing Address:**

3616 DAY AVENUE  
COCONUT GROVE, FL 33133

**FEI Number:** 02-0581059

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HUDSON, CHRISTOPHER  
3616 DAY AVENUE  
COCONUT GROVE, FL 33133 US

*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:** CHRISTOPHER HUDSON

04/18/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PCBD  
Name CHAMBERS, JOHN H.  
Address 3616 DAY AVE.  
City-State-Zip: MIAMI FL 33133

Title SECR  
Name HUDSON, CHRISTOPHER  
Address 3616 DAY AVE.  
City-State-Zip: MIAMI FL 33133

Title TD  
Name PRICE, JOYCE DR.  
Address 3616 DAY AVE.  
City-State-Zip: MIAMI FL 33133

Title V-PR  
Name SIPLIN, HOWARD  
Address 3616 DAY AVE  
City-State-Zip: MIAMI, FL 33133

Title 2ND VP  
Name CRUZ, DENNIS  
Address 3616 DAY AVENUE  
City-State-Zip: COCONUT GROVE FL 33133

Title ASST. SECRETARY  
Name CHAMBERS, JOAN  
Address 3616 DAY AVENUE  
City-State-Zip: COCONUT GROVE FL 33133

*I hereby 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 all other like empowered.*

**SIGNATURE:** JOHN H. CHAMBERS

**PRESIDENT**

04/18/2016

Electronic Signature of Signing Officer/Director Detail

Date