

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

DOCUMENT# N96000001015

**Entity Name:** DEBRA ALLEN MINISTRIES, INC.

**Current Principal Place of Business:**

890 NW 168TH AVE  
PEMBROKE PINES, FL 33028

**Current Mailing Address:**

890 NW 168 AVE.  
PEMBROKE PINES, FL 33028

**FEI Number:** 65-0653598

**Certificate of Status Desired:** No

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

ALLEN, DEBRA A  
890 NW 168 AVE  
PEMBROKE PINES, FL 33028 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title D  
Name GOLPHIN, RAYMOND  
Address 1105 TERRY LANE  
City-State-Zip: BLYTHEVILLE AR 72315

Title D  
Name GIBSON, ELIZABETH  
Address 110 NOWELL DRIVE  
City-State-Zip: FAIRBURN GA 30213

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

Title D  
Name BROWN, CLARICE  
Address PO BOX 101134  
City-State-Zip: FT LAUDERDALE FL 33310

Title D  
Name JONES, CHANDRIA D  
Address 11550 ALDBURG WAY  
City-State-Zip: GERMANTOWN MD 20876

Title DIRECTOR  
Name MILLS, ANDRE L SR.  
Address 400 NW 101 TERRACE  
City-State-Zip: CORAL SPRINGS FL 33071

*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:** DEBRA A ALLEN

**CEO**

**04/08/2016**

Electronic Signature of Signing Officer/Director Detail

Date