### 2017 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:**

PO BOX 822295 PEMBROKE PINES, FL 33082 US

# FEI Number: 65-0653598

### Name and Address of Current Registered Agent:

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

Date

Certificate of Status Desired: No

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

# Officer/Director Detail :

Title	PD	Title	D
Name	ALLEN, DEBRA	Name	GOLPHIN, RAYMOND
Address	890 NW 168TH AVENUE	Address	1105 TERRY LANE
City-State-Zip:	PEMBROKE PINES FL 33028	City-State-Zip:	BLYTHEVILLE AR 72315
Title	D	Title	D
Name	GIBSON, ELIZABETH	Name	BRASSFIELD, PHILLIP DR
Address	110 NOWELL DRIVE	Address	P.O. BOX 341
City-State-Zip:	FAIRBURN GA 30213	City-State-Zip:	HERBER SPRINGS AR 72543
Title	D	Title	D
Name	BROWN, CLARICE	Name	JONES, CHANDRIA D
Address	PO BOX 101134	Address	11550 ALDBURG WAY
City-State-Zip:	FT LAUDERDALE FL 33310	City-State-Zip:	GERMANTOWN MD 20876
Title	DIRECTOR		

NameMILLS, ANDRE L SR.Address400 NW 101 TERRACECity-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 ALLEN

PRESIDENT

03/26/2017

Electronic Signature of Signing Officer/Director Detail

Date