

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

03-12-2007 90376 031 ****61.25
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 NO2000001236

2007 NOV -5 AM 9:56
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



01292007 Chg-NP CR2E037 (12/08)

DOCUMENT # N02000001236			
1. Entity Name COCONUT GROVE MINISTERIAL ALLIANCE, INC.			
Principal Place of Business 3616 DAY AVENUE MIAMI, FL 33133		Mailing Address 3616 DAY AVENUE MIAMI, FL 33133	
2. Principal Place of Business - No P.O. Box # 3500 DAY AVE Suite, Apt. #, etc.		3. Mailing Address 3500 DAY AVE Suite, Apt. #, etc.	
City & State Miami, FLA		City & State Miami, FLA	
Zip 33133	Country USA	Zip 33133	Country USA
4. FEI Number 02-0581059		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LEONARD, REV. WILLIE 3616 DAY AVE MIAMI, FL 33133		7. Name and Address of New Registered Agent Name: Williams, Kenton Street Address (P.O. Box Number is Not Acceptable): 3500 Charles Ave City: Miami, FL Zip Code: 33133	
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. I am familiar with, and accept the obligations of registered agent. Signature: <i>Rev. Willie Leonard</i> Date: 10-29-07 <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PCBD NAME: LEONARD, WILLIE REV. STREET ADDRESS: 3616 DAY AVE. CITY-ST-ZIP: MIAMI, FL 33133	<input checked="" type="checkbox"/> Delete	TITLE: PCBD NAME: WILLIAM, KENTON REV. STREET ADDRESS: 3500 CHARLES AVE CITY-ST-ZIP: MIAMI, FLA. 33133	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: JACKSON, JAMES REV. STREET ADDRESS: 3618 DAY AVE. CITY-ST-ZIP: MIAMI, FL 33133	<input type="checkbox"/> Delete	TITLE: VD NAME: THOMPSON, G. WAYNE REV. STREET ADDRESS: 3500 CHARLES AVE CITY-ST-ZIP: MIAMI, FLA. 33133	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: JACOBS, PORTIA REV. STREET ADDRESS: 3618 DAY AVE. CITY-ST-ZIP: MIAMI, FL 33133	<input type="checkbox"/> Delete	TITLE: D NAME: JACKSON, JAMES REV. STREET ADDRESS: 3500 CHARLES AVE CITY-ST-ZIP: MIAMI, FLA 33133	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: WILLIAMS, KENTON REV. STREET ADDRESS: 3616 DAY AVE. CITY-ST-ZIP: MIAMI, FL 33133	<input type="checkbox"/> Delete	TITLE: D NAME: LEONARD WILLIE REV. STREET ADDRESS: 3500 CHARLES AVE CITY-ST-ZIP: MIAMI, FLA 33133	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: THOMPSON, G WAYNE REV STREET ADDRESS: 3618 DAY AVE. CITY-ST-ZIP: MIAMI, FL 33133	<input type="checkbox"/> Delete	TITLE: D NAME: JACOBS, PORTIA STREET ADDRESS: 3500 CHARLES AVE CITY-ST-ZIP: MIAMI, FLA. 33133	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Willie Leonard</i>		Date: _____ Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			