

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90363 012 ****61.25

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1. Entity Name
ALLEGORY MINISTRIES, INC.



Principal Place of Business

**309 REYNOLDS RD.
QUINCY, FL 32351**

Mailing Address

**309 REYNOLDS RD.
QUINCY, FL 32351**



04272006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4207655

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JAMES-ROBINSON, CASSONDRA L
309 REYNOLDS RD.
QUINCY, FL 32351**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

**9. Election Campaign Financing
Trust Fund Contribution** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JAMES-ROBINSON, CASSONDRA L
STREET ADDRESS 309 REYNOLDS RD.
CITY-ST-ZIP QUINCY, FL 32351

TITLE VD
NAME JAMES-MCGHEE, ERICA D
STREET ADDRESS 309 REYNOLDS RD.
CITY-ST-ZIP QUINCY, FL 32351

TITLE STD
NAME JAMES, ROSE M
STREET ADDRESS 309 REYNOLDS RD.
CITY-ST-ZIP QUINCY, FL 32351

TITLE D
NAME CHAMBERS, DELTON N
STREET ADDRESS 309 REYNOLDS RD
CITY-ST-ZIP QUINCY, FL 32351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Cassandra L James-Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2006
Date

850 545 7055
Daytime Phone #