

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-01-2006 90380 028 \*\*\*\*70.00

<b>DOCUMENT # N03000003376</b>					
<b>1. Entity Name</b> MILLENNIUM FAITH-BASED ALLIANCE CORPORATION					
<b>Principal Place of Business</b> 1897 PALM BEACH LAKES BLVD. STE. 203/204 WEST PALM BEACH, FL 33409			<b>Mailing Address</b> <del>931 VILLAGE BLVD</del> <b>CHANGED</b> <del>905 PMB83</del> WEST PALM BEACH, FL 33409		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 6170 SHERWOOD GLEN WAY			
Suite, Apt. #, etc.		Suite, Apt. #, etc. #1			
City & State		City & State WEST PALM BEACH, FL			
Zip	Country	Zip 33415	Country U.S.	<b>4. FEI Number</b> 16-1667339	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> TIPTON, TOMMY SR. 501 S. CONGRESS AVE. WEST PALM BEACH, FL 33409			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TIPTON, TOMMY SR. 501 S. CONGRESS AVE. WEST PALM BEACH, FL 33409		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THICKLIN, J.R. P.O. BOX 336 BELLE GLADE, FL 33430		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ELLIOTT, HAROLD 4987 PINE CONE LANE WEST PALM BEACH, FL 33417		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TIPTON, LAVERNE 905 VILLAGE BLVD., PMB-83 WEST PALM BEACH, FL 33409		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NEWBOLD, MYRTLE P.O. BOX 223153 WEST PALM BEACH, FL 33422		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE</b> _____			Date <u>4/28/06</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					