

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003376

FILED
Feb 12, 2007
Secretary of State

Entity Name: MILLENNIUM FAITH-BASED ALLIANCE CORPORATION

Current Principal Place of Business:

1897 PALM BEACH LAKES BLVD.
STE. 203/204
WEST PALM BEACH, FL 33409

New Principal Place of Business:

1897 PALM BEACH LAKES BLVD.
STE. 204
WEST PALM BEACH, FL 33409

Current Mailing Address:

6170 SHERWOOD GLEN WAY
#1
WEST PALM BEACH, FL 33415

New Mailing Address:

FEI Number: 16-1667339 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TIPTON, TOMMY SR.
501 S. CONGRESS AVE.
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TIPTON, TOMMY SR.
Address: 501 S. CONGRESS AVE.
City-St-Zip: WEST PALM BEACH, FL 33409

Title: VD () Delete
Name: THICKLIN, J.R.
Address: P.O. BOX 336
City-St-Zip: BELLE GLADE, FL 33430

Title: TD () Delete
Name: ELLIOTT, HAROLD
Address: 4987 PINE CONE LANE
City-St-Zip: WEST PALM BEACH, FL 33417

Title: SD (X) Delete
Name: TIPTON, LAVERNE
Address: 905 VILLAGE BLVD., PMB-83
City-St-Zip: WEST PALM BEACH, FL 33409

Title: SD (X) Delete
Name: NEWBOLD, MYRTLE
Address: P.O. BOX 223153
City-St-Zip: WEST PALM BEACH, FL 33422

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TIPTON, TOMMY
Address: 6742 FOREST HILL BLVD 155
City-St-Zip: WEST PALM BEACH, FL 33413

Title: S (X) Change () Addition
Name: JOINER, SHARON
Address: 501 S CONGRESS AVE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: T (X) Change () Addition
Name: TIPTON, TOMMY
Address: 6742 FOREST HILL BLVD 155
City-St-Zip: WEST PALM BEACH, FL 33413

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TOMMY TIPTON

P

02/12/2007

Electronic Signature of Signing Officer or Director

Date