

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007611

FILED  
Apr 21, 2011  
Secretary of State

**Entity Name:** ALAN STOCKTON MINISTRIES, INC.

**Current Principal Place of Business:**

4630 PALM BEACH BLVD  
FT. MYERS, FL 33905

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 50178  
FT. MYERS, FL 33994

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

STOCKTON, ALAN B  
2595 62ND AVENUE, SOUTH  
ST PETERSBURG, FL 33712 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: D  
Name: WILLIAMS, TAKEESHA  
Address: 2595 62ND AVENUE, SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33712 US

Title: D  
Name: WILLIAMS, DONNIE  
Address: 2595 62ND AVENUE, SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33712 US

Title: D  
Name: WILLIAMS, BEVERLY  
Address: 3850 CENTRAL AVENUE, #303  
City-St-Zip: FT. MYERS, FL 33901 US

Title: O  
Name: STOCKTON, JANIE  
Address: 3850 CENTRAL AVENUE, #303  
City-St-Zip: FT. MYERS, FL 33901 US

Title: O  
Name: STOCKTON, MARY L  
Address: 2595 62ND AVENUE, SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33712

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: MARY L. STOCKTON

OFF

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date