


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90171 009 \*\*\*\*61.25

<b>DOCUMENT # N05000006595</b>		
1. Entity Name <b>DEBRA FLINN MINISTRIES INC.</b>		

Principal Place of Business <b>2105 N.E. 9TH AVE CAPE CORAL, FL 33909</b>	Mailing Address <b>2105 N.E. 9TH AVE CAPE CORAL, FL 33909</b>
--	--

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
--	--------------------

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04132007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>84-1686191</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FLINN, DANA R  
2105 N.E. 9TH AVE  
CAPE CORAL, FL 33909**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FLINN, DANA</b>	
STREET ADDRESS	<b>2105 N.E. 9TH AVE</b>	
CITY-ST-ZIP	<b>CAPE CORAL, FL 33909</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FLINN, DEBRA</b>	
STREET ADDRESS	<b>2105 N.E. 9TH AVE</b>	
CITY-ST-ZIP	<b>CAPE CORAL, FL 33909</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BRADFORD, TAMMY</b>	
STREET ADDRESS	<b>2105 N.E. 9TH AVE.</b>	<i>Address Change</i>
CITY-ST-ZIP	<b>CAPE CORAL, FL 33909</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<i>Tamy Bradford</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>25335 Pinson Dr.</i>	
STREET ADDRESS	<i>Bonita Springs Florida</i>	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Dana R. Flinn* **DANA R. FLINN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/16/07 (239) 995-9595*

Date

Daytime Phone #