

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011125

FILED
May 10, 2006
Secretary of State

Entity Name: AFRICAN AMERICAN MINISTRIES ALLIANCE OF CRYSTAL RIVER, INC.

Current Principal Place of Business:

713 NE 5TH STREET P.O. BOX 2736
CRYSTAL RIVER, FL 34423

New Principal Place of Business:

Current Mailing Address:

713 NE 5TH STREET P.O. BOX 2736
CRYSTAL RIVER, FL 34423

New Mailing Address:

FEI Number: 30-0320949 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, LEONARD T
2951 NORTH CARLEEN TERRANCE
CRYSTAL RIVER, FL 34428 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: P () Delete
Name: SMITH, LEONARD T
Address: 2951 N. CARLEEN TERRANCE
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: VP () Delete
Name: THOMAS, LLEON L
Address: 823 NE 5TH STREET
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: S () Delete
Name: ORR, LORDAIS M
Address: 3N LEE STREET
City-St-Zip: BEVERLY HILLS, FL 34465

Title: T () Delete
Name: SAVAGE III, DANIEL G
Address: 823 NE 5TH STREET
City-St-Zip: SRYSTAL RIVER, FL 34428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: THOMAS, LEON L
Address: 823 NE 5TH STREET
City-St-Zip: CRYSTAL RIVER, FL 34428

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: LEONARD T. SMITH

P

05/10/2006

Electronic Signature of Signing Officer or Director

_____ Date