2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2007 8:00 am
Secretary of State
04-20-2007 90205 047 ****70.00

DOCUMENT # N06000001778

1. Entity Name

A.L.P. MINISTRIES INC.

Principal Place of Business	Mailing Address
P.O. BOX 441544 JACKSONVILLE FL 32222	P.O. BOX 441544 JACKSONVILLE FL 32222

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6833 Ridgeview Ave.	P.O. Box 441544
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, Florida	City & State: Jacksonville, Florida
Zip: 32244 Country: USA	Zip: 32222-1544 Country: USA

4. FEI Number: 74-3164265 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PETERSON, ANGELA L 6833 RIDGEVIEW AVENUE JACKSONVILLE FL 32244	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: Angela L. Peterson — 3/20/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRC PETERSON, ANGELA L 6833 RIDGEVIEW AVENUE JACKSONVILLE FL 32244	☑ Delete	President Angela L. Peterson 6833 Ridgeview Ave. Jacksonville, FL. 32244	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PETERSON, SAMUEL A 6833 RIDGEVIEW AVENUE JACKSONVILLE FL 32244	☑ Delete	Vice President Samuel A. Peterson 6833 Ridgeview Ave. Jacksonville, FL. 32244	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR CUSHNIE, REGINA 12205 N. 58TH STREET #C TAMPA FL 33617	☐ Delete	Director Tiffany I. Wilson 603 Mulberry St. Milton, Delaware 19968	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR MOODY, CHEROLYN RT. 4 BOX 1358 BETHUNE ROAD FOLKSTON GA 31537	☐ Delete	S Dana F. Fuller 13209 Evening Sunset Lane Riverview, Florida 33569	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREA FULLER, CHAUNCY 13209 EVENING SUNSET LANE RIVERVIEW FL 33569	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WILSON, TIFFANY I 4375 CONFEDERATE POINT ROAD, APT. 10H JACKSONVILLE FL 32210	☑ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Angela L. Peterson — 3/20/07 — 904-303-1231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #