

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 08:00 A
Secretary of State

DOCUMENT # N06000005187

1. Entity Name
WONDERFUL SAVIOR MINISTRIES, INC.



Principal Place of Business

9715 NW 27TH AVE
MIAMI, FL 33147

Mailing Address

9715 NW 27TH AVE
MIAMI, FL 33147

DO NOT WRITE IN THIS SPACE



03122008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

20-4458578

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALSTON, HERMAN
9715 NW 27TH AVE
MIAMI, FL 33147

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000873734
04/10/08-80089-027 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ALSTON, HERMAN
STREET ADDRESS	9715 NW 27TH AVE
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	DV
NAME	ALSTON, LAURA
STREET ADDRESS	9715 NW 27TH AVE
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	DS
NAME	ALSTON, HERMAN JR
STREET ADDRESS	2410 NW 95TH STREET
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	D
NAME	HERMAN, ALFRED C
STREET ADDRESS	4741 NW 185TH TERR
CITY-ST-ZIP	MIAMI, FL 33056
TITLE	T
NAME	HERNITT, MINNIE
STREET ADDRESS	4741 NW 185TH TERR.
CITY-ST-ZIP	MIAMI, FL 33056
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

Herman Alston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305 300 9884

Daytime Phone #