

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000000605

**FILED**  
**Mar 03, 2010**  
**Secretary of State**

**Entity Name:** RECOVER ALL MINISTRIES, INC.

**Current Principal Place of Business:**

5349 NOB HILL RD  
SUNRISE, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

5349 NOB HILL RD  
SUNRISE, FL 33351

**New Mailing Address:**

**FEI Number:** 20-8222732

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEST, ALONZO  
106 LAKE EMERALD DRIVE  
APT 210  
OAKLAND PARK, FL 33309 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:** C  
**Name:** FLANAGAN, FAYE  
**Address:** 2503 NOB HILL RD #304  
**City-St-Zip:** SUNRISE, FL 33322

**Title:** S  
**Name:** SHAW, VERONICA  
**Address:** 301 SW 1ST COURT APT. 1  
**City-St-Zip:** POMPANO BEACH, FL 33060

**Title:** D  
**Name:** WEST, ALONZO  
**Address:** 106 LAKE EMERALD DRIVE APT 210  
**City-St-Zip:** OAKLAND PARK, FL 33309

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:** ALONZO WEST

**DIRE**

**03/03/2010**

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

\_\_\_\_\_  
Date