

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008589

FILED
May 21, 2009
Secretary of State

Entity Name: MINISTERIAL ALLIANCE, INC.

Current Principal Place of Business:

1843 JERRY AVENUE
SANFORD, FL 32771MILL ER

New Principal Place of Business:

Current Mailing Address:

1843 JERRY AVENUE
SANFORD, FL 32771MILL ER

New Mailing Address:

FEI Number: 35-2362127 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:

MILLER, ANTHONY REV
1420 DIXIE WAY
SANFORD, FL 32771 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: MILLER, ANTHONY REV
Address: 1420 DIXIE WAY
City-St-Zip: SANFORD, FL 32771

Title: V () Delete
Name: BLAIR, VICTOR REV
Address: 2734 WILLOW CREEK DRIVE
City-St-Zip: OVIEDO, FL 32765

Title: T () Delete
Name: LAWRENCE, JENNIFER
Address: 1836 HAWKINS AVE
City-St-Zip: SANFORD, FL 32771

Title: V () Delete
Name: HARGROVE, SAM REV
Address: 3109 FLORAL WAY E
City-St-Zip: APOPKA, FL 327036616

Title: S () Delete
Name: BANKS, CHARLES REV
Address: 409 BASEWOOD LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: JENNIFER LAWRENCE

T

05/21/2009

Electronic Signature of Signing Officer or Director

Date