

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004748

FILED
Mar 04, 2009
Secretary of State

Entity Name: ALFONZO BROUGHTON MINISTRIES INC.

Current Principal Place of Business:

2711 18TH AVE
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

PO BOX 310712
TAMPA, FL 33680

New Mailing Address:

FEI Number: 45-0595596

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BROUGHTON, ALFONZO A
3010 E POWHATAN AVE
TAMPA, FL 33610 US

Name and Address of New Registered Agent:

BROUGHTON, ALFONZO A
518 SCARLETT MAPLE COURT
PLANT CITY, FL 33563 US

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: ALFONZO BROUGHTON

03/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SP () Delete
Name: BROUGHTON, ALFONZO A
Address: PO BOX 310712
City-St-Zip: TAMPA, FL 33680

Title: CP () Delete
Name: BROUGHTON, JOAI
Address: PO BOX 310712
City-St-Zip: TAMPA, FL 33680

Title: EXAD () Delete
Name: SIMMONS, REBECCA
Address: 7412 SHERRIN DR
City-St-Zip: TAMPA, FL 33619

Title: CFO () Delete
Name: MAXWELL, DENEEN
Address: 3307 N. 29TH ST
City-St-Zip: TAMPA, FL 33605

Title: MAA () Delete
Name: SERMONS, EARLENE
Address: 7810 WEXFORD PK DR APT #202
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SP (X) Change () Addition
Name: BROUGHTON, ALFONZO A
Address: 518 SCARLET MAPLE COURT
City-St-Zip: PLANT CITY, FL 33563

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: ALFONZO BROUGHTON

SP

03/04/2009

Electronic Signature of Signing Officer or Director

Date