

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004748

FILED  
Sep 01, 2010  
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 ( )**

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

BROUGHTON, ALFONZO A  
518 SCARLETT MAPLE COURT  
PLANT CITY, FL 33563 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: SP  
Name: BROUGHTON, ALFONZO A  
Address: 518 SCARLET MAPLE COURT  
City-St-Zip: PLANT CITY, FL 33563

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

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

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

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

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: ALFONZO BROUGHTON

SP

09/01/2010

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

\_\_\_\_\_  
Date