# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 30, 2009**
**Secretary of State**

DOCUMENT# N50966

**Entity Name:** ALEGRA MINISTRIES, INC.

**Current Principal Place of Business:**

16435 SW 88TH AVE
MIAMI, FL 33157 US

**New Principal Place of Business:**

**Current Mailing Address:**

16435 SW 88TH AVE
MIAMI, FL 33157 US

**New Mailing Address:**

**FEI Number: 65-0360904** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

ALESSI, J. STEPHEN
16435 SW 88TH AVE
MIAMI, FL 33157 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: PD ( ) Delete
Name: ALESSI, J. STEPHEN
Address: 16435 SW 88TH AVENUE
City-St-Zip: MIAMI, FL

Title: VD ( ) Delete
Name: ALESSI, MARY ELAINE,
Address: 16435 SW 88TH AVENUE
City-St-Zip: MIAMI, FL

Title: STD ( ) Delete
Name: ALESSI, ANNIE L.,
Address: 10304 SW 87TH CT.
City-St-Zip: MIAMI, FL

Title: D ( ) Delete
Name: RIVERA, DARLENE
Address: 8100 SW 104TH ST
City-St-Zip: MIAMI, FL

Title: D ( ) Delete
Name: ALESSI, JOHN
Address: 10304 SW 87TH COURT
City-St-Zip: MIAMI, FL

**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: J. STEPHEN ALESSI PD 03/30/2009

Electronic Signature of Signing Officer or Director — Date