

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # N93000002316

1. Entity Name

SOUTH EAST DADE MINISTERIAL ALLIANCE, INC.



Principal Place of Business

606 SW 5TH AVENUE  
HOMESTEAD FL 33030

Mailing Address

P.O. BOX 901471  
HOMESTEAD FL 33030-1449



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0406560

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TERRY, CLINTON R REV  
29871 SW 165 AVE  
HOMESTEAD FL 33033

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME TERRY, CLINTON R REV  
STREET ADDRESS 29871 SOUTHWEST 165 AVENUE  
CITY-ST-ZIP HOMESTEAD FL 33033 ☐ Delete

TITLE VD  
NAME FERGUSON, LARRY REV.  
STREET ADDRESS 205 NW 7TH AVENUE  
CITY-ST-ZIP FLORIDA CITY FL 33034 ☐ Delete

TITLE TD  
NAME SCOTT, WILLIE BISHOP  
STREET ADDRESS 14320 SW 104 COURT  
CITY-ST-ZIP MIAMI FL 33176 ☐ Delete

TITLE D  
NAME WILLIAMS, CHARLIE BISHOP  
STREET ADDRESS 10720 SW 218 ST.  
CITY-ST-ZIP GOULDS FL 33170 ☐ Delete

TITLE SD  
NAME THOMAS, CURTIS REV  
STREET ADDRESS 1055 NW 6 AVENUE  
CITY-ST-ZIP FLORIDA CITY FL 33034 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000000619272  
02/08/07-80064-020 70.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Rev. Clinton R. Terry* PRESIDENT/DIRECTOR 1/31/07 305-484-6090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #