2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002316

FILED Jan 07, 2009 Secretary of State

Entity Name: SOUTH EAST DADE MINISTERIAL ALLIANCE, INC.

Current Principal Place of Business: New Principal Place of Business: COMMUNITY PLAZA 1055 N.W. 6TH AVENUE 15600SW 288TH ST., SUITE 401 FLORIDA CITY, FL 33034 HOMESTEAD FL 33033 **New Mailing Address: Current Mailing Address:** P.O. BOX 901471 1055 N.W. 6TH AVENUE HOMESTEAD, FL 330301449 FLORIDA CITY, FL 33034 FEI Number: 65-0406560 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TERRY, CLINTON R REV THOMAS, CURTIS T REV 29871 SW 165 AVE 1055 N.W. 6TH AVENUE HOMESTEAD, FL 33033 US US FLORIDA CITY, FL 33034 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: REV CURTIS THOMAS 01/07/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Delete () Change () Addition TERRY, CLINTON R REV Name: Name: 29871 SOUTHWEST 165 AVENUE Address: Address: City-St-Zip: HOMESTEAD, FL 33033 City-St-Zip: Title: VD () Delete Title: () Change () Addition FERGUSON, LARRY REV. Name: Name: Address: 205 NW 7TH AVENUE Address: City-St-Zip: FLORIDA CITY, FL 33034 City-St-Zip: Title: () Delete Title: () Change () Addition SCOTT, WILLIE BISHOP Name: Name: 14320 SW 104 COURT Address: Address: City-St-Zip: MIAMI, FL 33176 City-St-Zip: Title: () Delete Title: () Change () Addition WILLIAMS, CHARLIE BISHOP Name: Name: Address: 10720 SW 218 ST. Address: City-St-Zip: GOULDS, FL 33170 City-St-Zip: Title: Title: () Delete () Change () Addition THOMAS, CURTIS REV Name: Name: 1055 NW 6 AVENUE Address: Address: City-St-Zip: FLORIDA CITY, FL 33034 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: CURTIS T. THOMAS REV 01/07/2009