2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2009
Secretary of State

DOCUMENT# N93000002322

Entity Name: AME MINISTERIAL ALLIANCE INC.

Current Principal Place of Business:

MT. ZION AME CHURCH
3811 OLD ST AUGUSTINE RD
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2554
JACKSONVILLE, FL 322032554 US

New Mailing Address:

FEI Number: 59-3176926 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GRIFFIN, MARK L
12511 MISSION HILLS DR. S
JACKSONVILLE, FL 32225 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: DP ( ) Delete
Name: MITCHELL, MARVA T
Address: 11625 RAINBOW SPRINGS CT
City-St-Zip: JACKSONVILLE, FL 32219

Title: DV ( ) Delete
Name: GRIFFIN, MARK T
Address: 12511 MISSION HILLS DR. S.
City-St-Zip: JACKSONVILLE, FL 32225

Title: DS ( ) Delete
Name: ROBINSON, CHARLETTA
Address: 1456 VAN BUREN STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: DAS ( ) Delete
Name: WILLIAMS, ROGER
Address: 9130 PAISLEY CT.
City-St-Zip: JACKSONVILLE, FL 32257

Title: DT ( ) Delete
Name: KIRKLAND, LOUIS C
Address: 737 JESSIE ST
City-St-Zip: JACKSONVILLE, FL 32206

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: LOUIS C. KIRKLAND DT 05/05/2009

Electronic Signature of Signing Officer or Director — Date