


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90287 024 ****61.25

DOCUMENT # N96000001015 1. Entity Name DEBRA ALLEN MINISTRIES, INC.					
Principal Place of Business 21113 JOHNSON ST. 101 PEMBROKE PINES, FL 33028			Mailing Address 890 NW 168 AVE. PEMBROKE PINES, FL 33028		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 65-0653598				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALLEN, DEBRA A 890 NW 168 AVE PEMBROKE PINES, FL 33028			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRANCH, ELECTA		NAME		
STREET ADDRESS	3345 N. STATE HWY 239		STREET ADDRESS		
CITY-ST-ZIP	BLYTHEVILLE, AR 72315		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLPHIN, RAYMOND		NAME		
STREET ADDRESS	1105 TERRY LANE		STREET ADDRESS		
CITY-ST-ZIP	BLYTHEVILLE, AR 72315		CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLEN, DEBRA		NAME		
STREET ADDRESS	890 NW 168 AVE		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33028		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRASSFIELD, PHILLIP DR		NAME		
STREET ADDRESS	P.O. BOX 341		STREET ADDRESS		
CITY-ST-ZIP	HERBER SPRINGS, AR 72543		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DESNIGERS-COLE, ELIZABETH DR		NAME		
STREET ADDRESS	538 PHEASANT RUN		STREET ADDRESS		
CITY-ST-ZIP	VIRGINIA BEACH, VA 23452		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<i>Woodard I Warren</i>		NAME		
STREET ADDRESS	<i>10526 NW 10th St.</i>		STREET ADDRESS		
CITY-ST-ZIP	<i>Plantation, FL 33324</i>		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Debra A. Allen</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>5/8/06</i> <i>954-431-3440</i> <small>Date Daytime Phone #</small>		

ATTACHMENT

40087353

N96000001015

D

Elizabeth Gibson

15825 SW 3rd Court 9-201

Pembroke Pines, FL 33027