

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001015

FILED
Jul 09, 2007
Secretary of State

Entity Name: DEBRA ALLEN MINISTRIES, INC.

Current Principal Place of Business:

21113 JOHNSON ST.
101
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

890 NW 168 AVE.
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 65-0653598 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

Name and Address of New Registered Agent:

ALLEN, DEBRA A
890 NW 168 AVE
PEMBROKE PINES, FL 33028 US

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: D () Delete
Name: BRANCH, ELECTA
Address: 3345 N. STATE HWY 239
City-St-Zip: BLYTHEVILLE, AR 72315

Title: D () Delete
Name: GOLPHIN, RAYMOND
Address: 1105 TERRY LANE
City-St-Zip: BLYTHEVILLE, AR 72315

Title: PD () Delete
Name: ALLEN, DEBRA
Address: 890 NW 168 AVE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D () Delete
Name: BRASSFIELD, PHILLIP DR
Address: P.O. BOX 341
City-St-Zip: HERBER SPRINGS, AR 72543

Title: D () Delete
Name: DESNGERS-COLE, ELIZABETH DR
Address: 538 PHEASANT RUN
City-St-Zip: VIRGINIA BEACH, VA 23452

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: D () Change (X) Addition
Name: JONES, CHANDRIA D
Address: 204 LEE STREET, APT 508
City-St-Zip: GAITHERSBURG, MD 20877

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: DR. DEBRA A ALLEN

PD

07/09/2007

Electronic Signature of Signing Officer or Director

Date