

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000004707**

1. Entity Name  
**MINISTERIAL ALLIANCE OF SEMINOLE COUNTY,  
INCORPORATED**



Principal Place of Business  
**1017 W 13TH ST  
SANFORD, FL 32772-2995**

Mailing Address  
**P O BOX 2995  
SANFORD, FL 32772-2995**



04292004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3348417**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**RUCKER, H.D. REV DR  
700 ELM AVE  
SANFORD, FL 32771**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**000000153160  
05/04/04-80116-021 70.00**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	RUCKER, HARRY D DR
STREET ADDRESS	700 ELM AVE
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	VD
NAME	HALL-WALKER, RANDY REV
STREET ADDRESS	2960 S. ORLANDO DR
CITY-ST-ZIP	SANFORD, FL 32773
TITLE	SD
NAME	FAISON, QUINTIN
STREET ADDRESS	3272 NIGHT BREEZE LANE
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	TD
NAME	HUDSON, TIMOTHY
STREET ADDRESS	2809 GROVE DR
CITY-ST-ZIP	SANFORD, FL 32774
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Quintin Faison* *Quintin Faison* **4/29/04** **407-314-9446**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #