


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2005 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
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DO NOT WRITE IN THIS SPACE



04272005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3348417	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 RUCKER, H.D. REV DR 700 ELM AVE SANFORD, FL 32771

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUCKER, HARRY D DR 700 ELM AVE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HALL-WALKER, RANDY REV 2960 S. ORLANDO DR SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FAISON, QUINTIN 3272 NIGHT BREEZE LANE LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUDSON, TIMOTHY 2809 GROVE DR SANFORD, FL 32774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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1000000365835
05/11/05-80023-005 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	4/29/05	407-314-9446
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>