

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004707

FILED
May 30, 2008
Secretary of State

Entity Name: MINISTERIAL ALLIANCE OF SEMINOLE COUNTY, INCORPORATED

Current Principal Place of Business:

1017 W 13TH ST
SANFORD, FL 327722995

New Principal Place of Business:

Current Mailing Address:

P O BOX 2995
SANFORD, FL 327722995

New Mailing Address:

FEI Number: 59-3348417 **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:

RUCKER, H.D. REV DR
700 ELM AVE
SANFORD, FL 32771 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: PD () Delete
Name: RUCKER, HARRY D DR
Address: 700 ELM AVE
City-St-Zip: SANFORD, FL 32771

Title: VD () Delete
Name: HALL-WALKER, RANDY REV
Address: 2960 S. ORLANDO DR
City-St-Zip: SANFORD, FL 32773

Title: SD () Delete
Name: FAISON, QUINTIN
Address: 3272 NIGHT BREEZE LANE
City-St-Zip: LAKE MARY, FL 32746

Title: TD () Delete
Name: HUDSON, TIMOTHY
Address: 2809 GROVE DR
City-St-Zip: SANFORD, FL 32774

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:

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: QUINTIN FAISON

SD

05/30/2008

Electronic Signature of Signing Officer or Director

Date