

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002736

FILED
Jun 09, 2008
Secretary of State

Entity Name: ALVIN HERRING MINISTRIES, INC.

Current Principal Place of Business:

3140 NW 46TH ST.
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

3140 NW 46TH ST.
MIAMI, FL 33142

New Mailing Address:

FEI Number: 65-0917296 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:

HERRING, ALVIN
1471 NW 45TH ST.
MIAMI, FL 33142 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: PD () Delete
Name: HERRING, ALVIN SR
Address: 1471 NW 45TH ST.
City-St-Zip: MIAMI, FL 33142

Title: SD () Delete
Name: BLOODSAW, MARY A
Address: 4281 N. W. 172ND DR.
City-St-Zip: MIAMI, FL 33055

Title: TD () Delete
Name: HERRING, ELLA M
Address: 1471 NW 45TH ST.
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: DAMES, PEARL W
Address: 1481 N. W. 45TH ST
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: EFREM, SCOTT T SR
Address: 6610 NW 26 AVE.
City-St-Zip: MIAMI, FL 33147

Title: D () Delete
Name: JENKINS, PORTIA S
Address: 1096 NW 59TH STREET
City-St-Zip: MIAMI, FL 33127

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: () 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: ALVIN HERRING SR.

PD

06/09/2008

Electronic Signature of Signing Officer or Director

Date