


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90185 026 ***150.00

DOCUMENT # P04000032409 1. Entity Name BRUCE ALLEN MINISTERIAL ENTERPRISES, INC.					
Principal Place of Business 10832 NAPLES CT SOUTH JACKSONVILLE, FL 32218			Mailing Address 10832 NAPLES CT SOUTH JACKSONVILLE, FL 32218		
2. Principal Place of Business - No P.O. Box # 4019 Anderson Woods Dr.		3. Mailing Address 4019 Anderson Woods Dr.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 20-0754973	
Zip 32218		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALLEN, A. RENITA 10832 NAPLES CT SOUTH JACKSONVILLE, FL 32218			7. Name and Address of New Registered Agent Name Allen, A. Renita Street Address (P.O. Box Number is Not Acceptable) 4019 Anderson Woods Drive City Jacksonville FL Zip Code 32218		
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: <i>Bruce N. Allen</i> (NOTE: Registered Agent signature required when reinstating) 4/24/07 Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLEN, BRUCE 10832 NAPLES CT SOUTH JACKSONVILLE, FL 32218	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Allen, Bruce 4019 Anderson Woods Drive Jacksonville, Florida 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALLEN, A. RENITA 10832 NAPLES CT SOUTH JACKSONVILLE, FL 32218	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Allen, A. Renita 4019 Anderson Woods Drive Jacksonville, Florida 32218
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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: <i>Bruce N. Allen</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/24/07 Date		
			944-2220 Daytime Phone #		