

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004748

Entity Name: ALFONZO BROUGHTON MINISTRIES INC.**Current Principal Place of Business:**3412 EAST 7TH AVENUE
TAMPA, FL 33605**Current Mailing Address:**PO BOX 310712
TAMPA, FL 33680 US**FEI Number:** 45-0595596**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BROUGHTON, ALFONZO A
3244 SOUTH NORTHVIEW RD.
PLANT CITY, FL 33566 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**Officer/Director Detail :**

Title	SP
Name	BROUGHTON, ALFONZO A
Address	3244 S. NORTHVIEW RD
City-State-Zip:	PLANT CITY FL 33566

Title	CP
Name	BROUGHTON, JOAI
Address	PO BOX 310712
City-State-Zip:	TAMPA FL 33680

Title	MAA
Name	SIMMONS, REBECCA
Address	7412 SHERREN DR.
City-State-Zip:	TAMPA FL 33619

Title	CFO
Name	PARSLEY, CHANITA
Address	3412 EAST 7TH AVENUE
City-State-Zip:	TAMPA FL 33605

Title	BOARD MEMBER
Name	ANDERSON, CLARENCE SR.
Address	3412 EAST 7TH AVENUE
City-State-Zip:	TAMPA FL 33605

I hereby 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 all other like empowered.

SIGNATURE: ALFONZO A BROUGHTON**PRESIDENT****07/20/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date