## 2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9700001800

Entity Name: AL GALLON MINISTRIES INC.

**Current Principal Place of Business:** 

11530 WALKER RD

THONOTOSASSA, FL 33592

**Current Mailing Address:** 

P.O. BOX 75431

TAMPA, FL 33675 US

FEI Number: 59-3441812 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GALLON, ALFONSO 11530 WALKER RD THONOTOSASSA EL 3

THONOTOSASSA, FL 33592 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: ALFONSO GALLON 04/16/2025

Electronic Signature of Registered Agent

Date

FILED Apr 16, 2025

**Secretary of State** 

9391807050CC

Officer/Director Detail:

Title CEO Title PRESIDENT

Name GALLON, ALFONSO GALLON Name GOGGINS, THEODIS III

**MINISTRIES** 

Address 11530 WALKER RD Address 10119 CRESTED FRINGE DR
City-State-Zip: RIVERVIEW FL 33578

City-State-Zip: THONOTOSASSA FL 33592

Title VP

Name GOGGINS, MIAYA GOGGINS,
Name GOGGINS, MIAYA GOGGINS,

Address 10119 CRESTED FRINGE DRIVE
Address 10119 CRESTED FRINGE DRIVE

City-State-Zip: RIVERVIEW FL 33578

Title BOARD MEMEBR

Title BOARD MEMEBER Name CLIFTON, EBONY

Name GALLON, JAMES LEON DR.

Address Address 13020 LINCOLN ROAD

Address 13020 LINCOLN ROAD

ddress 8619 BROOKWAY CR. City-State-Zip: RIVERVIEW FL 33578

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: ALFONSO GALLON CEO 04/16/2025