2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006
Secretary of State

DOCUMENT# N99000001246

Entity Name: REPAIRER OF THE BREACH CITY OF HOPE MINISTRIES, INC.

Current Principal Place of Business:

9497 LEM TURNER RD
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 44967
JACKSONVILLE, FL 32222

New Mailing Address:

FEI Number: 59-3401039 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

LATHERS, LINDA
7819 AUSTIN RD.
JACKSONVILLE, FL 32244 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:	LATHERS, LINDA	
Address:	7819 AUSTIN RD.	
City-St-Zip:	JACKSONVILLE, FL 32244	
Title:	VPD	( ) Delete
Name:	LATHERS, TONY I SR.	
Address:	P.O. BOX 441745	
City-St-Zip:	JACKSONVILLE, FL 32222	
Title:	TR/D	( ) Delete
Name:	DICKEY, WANDA L	
Address:	3547 POINSETTA ST.	
City-St-Zip:	JACKSONVILLE, FL 32254	
Title:	A/D	( ) Delete
Name:	BAZZELL, IRA C	
Address:	4455 CONFEDERATE POINT RD. APT. 19B	
City-St-Zip:	JACKSONVILLE, FL 32210	

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 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: LINDA LATHERS P/D 05/15/2006

Electronic Signature of Signing Officer or Director — Date