

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001246

FILED
Mar 08, 2007
Secretary of State

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 ()

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: A/D (X) Change () Addition
Name: BAZZELL, IRA C
Address: 1531 W. 27TH ST.
City-St-Zip: JACKSONVILLE, FL 32209

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

03/08/2007

Electronic Signature of Signing Officer or Director

Date