| • • • • • • • • • • • | | | | |
|--|--|--------------------------|---|------------|
| 5706 SAN C TAMPA, FL | ORDOBA PLAZA 33617 US | | | |
| FEI Number: 83-4707607 | | | Certificate of Status Desired: No | |
| Name and A | Address of Current Registered Agent: | | | |
| BRINKLEY, TA 5706 SAN COR TAMPA, FL 33 | DOBA PLAZA | | | |
| The above name | d entity submits this statement for the purpose of changing its re | gistered office or regis | tered agent, or both, in the State of Flo | orida. |
| SIGNATURE | E: TAMARA BRINKLEY | | | 01/12/2021 |
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Dire | ctor Detail : | | | |
| Title | Ρ | Title | DIRECTOR | |
| Name | BRINKLEY, TAMARA L | Name | WILLIAMS, KANAVYSS M | |
| Address | 5706 SAN CORDOBA PLAZA | Address | 5706 SAN CORDOBA PLAZA | |
| City-State-Zip: | TAMPA FL 33617 | City-State-Zip: | TAMPA FL 33617 | |
| Title | TREA | | | |
| Name | WILLIAMS, JOZELYN J | | | |
| Address | 5706 SAN CORDOBA PLAZA | | | |
| City-State-Zip: | TAMPA FL 33617 | | | |
| | | | | |

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.

DIRECTOR

SIGNATURE: KANAVYSS WILLIAMS

Electronic Signature of Signing Officer/Director Detail

Secretary of State 5964193197CC

01/12/2021

Date

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1900003029

Entity Name: BROKEN BUT, NOT BEYOND REPAIR MINISTRIES, INC.

Current Principal Place of Business:

5706 SAN CORDOBA PLAZA TAMPA, FL 33617

Current Mailing Address:

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