

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000010784

**Entity Name:** BROKEN SHACKLES PRISON AND STREET OUTREACH  
MINISTRY, INC.

**Current Principal Place of Business:**

935 FREMONT AVE  
PENSACOLA, FL 32505

**Current Mailing Address:**

935 FREMONT AVE  
PENSACOLA, FL 32505 US

**FEI Number: 88-3659823**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LEGALINC CORPORATE SERVICES - HEATHER CANO  
476 RIVERSIDE AVE  
JACKSONVILLE, FL 32202 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 P  
Name WOODS, GLORIA  
Address 935 FREMONT AVE  
City-State-Zip: PENSACOLA FL 32505

Title T  
Name SMITH, KRISTY  
Address 691 BROAD STREET  
City-State-Zip: PENSACOLA FL 32534

Title S  
Name BEASLEY, SHARIA  
Address 691 BROAD STREET  
City-State-Zip: PENSACOLA FL 32534

Title PRESIDENT  
Name WOODS, GLORIA JOHNSON  
Address 935 FREMONT AVENUE  
City-State-Zip: PENSACOLA FL 32505

*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: GLORIA WOODS

PRESIDENT

04/14/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date