

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

APPROVED
AND
FILED

56 SEP -6 PM 2: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000002788 (6)**

1. Corporation Name

ISLAND BREEZE MINISTRIES, INC.

Principal Place of Business

**74-5606 PAWAI PLACE, SUITE 201
KAILUA-KONA HI 96740**

Mailing Address

**74-5606 PAWAI PLACE, SUITE 201
KAILUA-KONA HI 96740**

3. Date Incorporated or Qualified
06/09/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **P.O. Box 273965**

22 City & State

27 City & State

23 Zip

Country

28 **TAMPA, FL**

Zip

33688

Country

USA

4. FEI Number
99-0310396

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOROUGHES, BENNETT, MORLAN & SIMPSON, P.A.
201 EAST PINE STREET, SUITE 500
ORLANDO FL 32801**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **LE'AU, SOSENE T**
CITY-ST-ZIP **74-5606 PAWAI PLACE #201
KAILUA-KONA HI 96740**

TITLE ☐ DELETE
NAME **DV**
STREET ADDRESS **LE'AU, REBECCA N**
CITY-ST-ZIP **74-5606 PAWAI PLACE #201
KAILUA-KONA HI 96740**

TITLE ☐ DELETE
NAME **DST**
STREET ADDRESS **VALLE, RUDY**
CITY-ST-ZIP **74-5606 PAWAI PLACE #201
KAILUA-KONA HI 96740**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **BROWN, ALIJ**
CITY-ST-ZIP **74-5606 PAWAI PLACE #201
KAILUA-KONA HI 96740**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **BROWN, MAIMA**
CITY-ST-ZIP **74-5606 PAWAI PLACE #201
KAILUA-KONA HI 96740**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this Annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0018867

CR2E037 (3/96)

August 30, 1996 813.931-0616