FILE NOW: FILING FEE IS \$61.25

NOMPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000004467

BREAKTHROUGH MISSIONS, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt, #, etc.

City & State

22

23

Mailing Address

4512 N. 34TH STREET **TAMPA FL 33610**

4512 N. 34TH STREET TAMPA FL 33610

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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FILED Jan 21, 1999 8:00am **Secretary of State** 01-21-1999 90051 001 ****70.00

) finin # iii) (na i } ii

3. Date incorporated or Qualifed

5. Certifcate of Status Desired

08/25/1997

95-4428464

4. FEI Number

25 29 30 Trust Fund Contribution Added to Fees	Zip ·	Country	L Zip	COU	ntry		6. Election Campaign Fina	ncing [7	\$5.00	May Be			
JOSEPH, ERICA 4512 N. 34TH STREET TAMPA FL 33610 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 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, and a maillain with, and accept the obligations of, section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and the provisions of Sections 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and the provisions of sections of 17,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent agent agent agent appointment as registered. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 12. INME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addition INME 12. INME 12. INME 12. INME 12. INME 12. INME 12. INME 13. INME 14. INME 14. INME 15. INME 15. INME 16. INME 16. INME 17. INME 17. INME 18. INME 19. INME 1	24	25	29	30	_		Trust Fund Contribution		Added t	to Fees			
JOSEPH, ERICA 4512 N. 34TH STREET TAMPA FL 33610 B4 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 agent. I am familiar with, and accept the obligations of, Section 617.0502 Price of 17.0502 Pr	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent								
### Addition #### Addition #### Addition #### Addition #### Addition ####################################					81 Nam	ı e							
### Addition #### Addition #### Addition #### Addition #### Addition ####################################	IOCEDIL EDIO												
TAMPA FL 33610 B3					82 Street Address (P.O. Box Number is Not Acceptable)								
TAMPA PL 33610 B4 City FL 85 Zip Code					83								
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 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, 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 12	IAMPA F	L 33610											
1. Pursuant to the provisions of Sections 617.0502 and 617.1508. Plorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503. Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILE P OSEPH, ERICA STREET ADDRESS TITLE S OFFICERS AND DIRECTORS 12. NAME P OSEPH, ERICA STREET ADDRESS TITLE S OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 12. NAME 12. NAME P OSEPH, ERICA 13. STREET ADDRESS TITLE S OFFICERS AND DIRECTORS IN 12 14. CITY-ST-ZP TITLE S OFFICERS AND DIRECTORS IN 12 15. TITLE S OFFICERS AND DIRECTORS IN 12 16. NAME STREET ADDRESS TITLE S OCHANGE Addition Addition Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME SULSON, JURLINE 22. NAME WILSON, JURLINE 31. TITLE STREET ADDRESS CITY-ST-ZP TITLE DELETE 31. TITLE DELETE 41. TITLE DELETE 51. TI					84 City		· · · · · · · · · · · · · · · · · · ·		85 Zip (Code			
agent I am familiar with and accept the obligations of Section 617.0503, Florida Statetor Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as 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 and the Vapilitable. Signature	2 2 1 × × × × ×	<u> </u>							<u>• </u>	- 194 -			
Agent. I am Tamiliar With, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITIME P	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 corporation submits this statement for the purpose of changing its registered corporations beard of directors. I hereby proceed the corporations are registered corporations and the corporations are registered corporations.												
Signature, typed or printed range of registered agent and title of inspirations. (NOTE: Registered Agent superator required when relocation) DATE	agent. I a	m familiar with, and accept the obligation	ns of, Section 617.0503,	Florida Statu	ites.	iporation	s boald of directors. I fieleby						
Signature, typed or printed range of registered agent and title of inspirations. (NOTE: Registered Agent superator required when relocation) DATE	SIGNATURE												
TITLE	SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable. (No	OTE: Registered	Agent signatu	re required w	hen reinstating)	DATE					
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the law certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informational 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 33 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Applied For

\$8.75 Additional

Fee Required

Not Applicable