

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004467

1. Entity Name

BREAKTHROUGH MISSIONS, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90223 028 ****71.00

Principal Place of Business

Mailing Address

4512 N. 34TH STREET
TAMPA FL 33610

4512 N. 34TH STREET
TAMPA FL 33610-6934

2. Principal Place of Business

4815 E. Busch Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite 207

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Tampa, FL

Zip

33617

Country

USA

Zip

Country

4. FEI Number

95-4428464

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOSEPH, ERICA
4512 N. 34TH STREET
TAMPA FL 33610

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **JOSEPH, ERICA**
STREET ADDRESS **805 E. NORTHBAY STREET**
CITY-ST-ZIP **TAMPA FL 33603**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **S** ☒ Delete
NAME **WILSON, JURLINE**
STREET ADDRESS **316 W. STROTHER**
CITY-ST-ZIP **FRESNO CA 93706**
DECEASED

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **Joseph Shephard**
STREET ADDRESS **4815 E. Busch Blvd #205, Tampa, Fla 33610**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby 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 information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Joseph

Date

Daytime Phone #

1-26-00 1-88-984-0750

CR2E037 (9/99)