## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # N00000007368** 1. Entity Name

BREATH OF THE SPIRIT MINISTRIES, INC.



**FILED** Apr 21, 2008 08:00 AN Secretary of State

Principal Place of Business

543 EMERALD COVE LOOP LAKELAND, FL 33813

Mailing Address

543 EMERALD COVE LOOP LAKELAND, FL 33813



## DO NOT WRITE IN THIS SPACE

03302008 No Chg-NP

CR2E037 (4/06)

4. FEI Number **NOT APPLICABLE**  Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BREATHITT, BARBARA L 543 EMERALD COVE LOOP LAKELAND, FL 33813

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8. The above named entity submits this statement for	the purpose of changing its regis	tered office or registered agent, or bo	th, in the State of Florida.	I am lamiliar with, and accept
the obligations of registered agent.				·
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SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Financing Trust Fund Contribution.

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

U00000913204 05/08/08-80006-023 61.25

10. OFFICERS AND DIRECTORS NAME BREATHITT, BARBARA L STREET ADORESS 543 EMERALD COVE LOOP CITY-ST-ZIP LAKELAND, FL 33813 MD TITLE NAME **BREATHITT, STEVEN** STREET ADDRESS 7913 CREEK VIEW DR CITY-ST-ZIP NORTH RICHLAND HILLS, TX 76180 TITLE NAME **COKING, PATRICIA** STREET ADDRESS 303 NORTH LINDSAY #R-30 CITY-ST-7IP MESA. AZ 85213 TITS F NAME BREATHIFT, NAN STREET ADDRESS 7913 CREEK VIEW DR CITY-ST-ZIP NORTH RICHLAND HILLS, TX 76180 TITLE MAISENBACHER, RICHARD STREET ADDRESS 3391 KILMER DR CITY-ST-ZIP LAKELAND, FL 33803 TITLE NAME **ROST. JOANNE** STREET ADDRESS 4001 OAK POINT DR. CITY-ST-ZIP CROSSROADS, TX 76227

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Barbara L. Breather

4-17-08 972-253-6653