

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002204

FILED  
Feb 03, 2004  
Secretary of State

Entity Name: MENDING BROKEN RELATIONSHIP'S MINISTRIES, INC.

**Current Principal Place of Business:**

P.O.BOX 390623  
DELTONA, FL 327390623

**New Principal Place of Business:**

**Current Mailing Address:**

3223 BUCKLAND STREET  
DELTONA, FL 32738

**New Mailing Address:**

FEI Number: 30-0061040

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JERNIGAN, RON  
3223 BUCKLAND STREET  
DELTONA, FL 32738 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: JERNIGAN, RON  
Address: 3223 BUCKLAND STREET  
City-St-Zip: DELTONA, FL 32738

Title: V ( ) Delete  
Name: JERNIGAN, BETZAIDA P  
Address: 3223 BUCKLAND STREET  
City-St-Zip: DELTONA, FL 32738

Title: D ( ) Delete  
Name: SANTOS, ADRIAN  
Address: 1890 PIPER TERRACE  
City-St-Zip: DELTONA, FL 32738

Title: T ( ) Delete  
Name: PESANTE, ELIZABETH  
Address: 501 MURPHY AVE  
City-St-Zip: DELTONA, FL 32725

Title: D ( ) Delete  
Name: MALDONADO, HECTOR  
Address: 503 STALLINGS AVE  
City-St-Zip: DELTONA, FL 32738

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: BETZAIDA P. JERNIGAN

V

02/03/2004

Electronic Signature of Signing Officer or Director

Date