2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 03, 2007
Secretary of State

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Entity Name: BRIDGING THE BREACH WORLD WIDE MINISTRIES, INC.

Current Principal Place of Business:

1921 E. 5TH AVENUE
YBOR CITY, FL 33505 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5465
YBOR CITY, FL 33675 US

New Mailing Address:

FEI Number: 59-3690768 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SHARPE, ALTRINA B PASTOR
437 BROAD ST
MASARYKTOWN, FL 34604 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:	O/S	( ) Delete
Name:	SHARPE, SAMPSON L BISHOP	
Address:	437 BROAD STREET	
City-St-Zip:	MASARYKTOWN, FL 34604 US	
Title:	T	( ) Delete
Name:	BLUNT, MARY L	
Address:	1633 N, MARTIN L. KING JR. AVENUE	
City-St-Zip:	CLEARWATER, FL 33755US	
Title:	A/P	( ) Delete
Name:	ARNOLD, MARGARET A ELDER	
Address:	17327 FORGE DRIVE	
City-St-Zip:	SPRING HILL, FL 34610 US	
Title:	SEC	( ) Delete
Name:	ENGRAM, MAE L MINISTE	
Address:	9443 WINDERMERE LAKE DR	
City-St-Zip:	RIVERVIEW, FL 33569 US	
Title:	YD	( ) Delete
Name:	PATTERSON, LETICIA T MINISTE	
Address:	15413 TEMPLE ELMS LANE	
City-St-Zip:	TAMPA, FL 33617 US	

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 exemption stated 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 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: ALTRINA B SHARPE PAST 09/03/2007

Electronic Signature of Signing Officer or Director — Date