

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002949

FILED  
Feb 15, 2008  
Secretary of State

Entity Name: BREATH OF LIFE OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

838 DESOTO ST.  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 136282  
CLERMONT, FL 34713

**New Mailing Address:**

P.O. BOX 220  
LAKE PANASOFFKEE, FL 33538

FEI Number: 75-3102216

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MOORE-ELERBE, ACQUANETTA  
600 RIVER BIRCH COURT, #714  
CLERMONT, FL 34711 US

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

MOORE-ELERBE, ACQUANETTA  
838 DESOTO ST.  
CLERMONT, FL 34711 US

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

02/15/2008

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MOORE-ELERBE, ACQUANETTA  
Address: 838 DESOTO ST.  
City-St-Zip: CLERMONT, FL 34711

Title: V ( ) Delete  
Name: ALSTON, DORIS  
Address: 10 CAMBRIDGE COURT  
City-St-Zip: MT. HOLLY, NJ 08060

Title: T ( ) Delete  
Name: ALLGOOD, GALE  
Address: 4327 S. HIGHWAY 27, #143  
City-St-Zip: CLERMONT, FL 34711

**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:

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: ACQUANETTA MOORE-ELERBE

Electronic Signature of Signing Officer or Director

P

02/15/2008

Date