

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90345 025 ****61.25

DOCUMENT # N03000010370

1. Entity Name
BREAKING THE CYCLE MINISTRIES, INC.



Principal Place of Business
**2242 SW PICTURE TERRACE
PORT ST LUCIE, FL 34953**

Mailing Address
**P.O. BOX 8513
PORT ST LUCIE, FL 34985**

50038688



2. Principal Place of Business
P.O. Box 8513

3. Mailing Address
P.O. Box 8513

Suite, Apt. #, etc.

City & State
PORT ST LUCIE, FL

City & State

Zip
34985

Country
ST LUCIE

01162005 Chg-NP CR2E037 (10/03)

4. FEI Number
20-0441939

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCNAUGHTON, OLIVE P
2242 SW PICTURE TERRACE
PORT ST LUCIE, FL 34953**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Olive McNaughton* DATE **4/14/05**

Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is **\$61.25**
Due by **May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JACKSON, EPHRAIM		NAME		
STREET ADDRESS	2262 MASIAN AVENUE		STREET ADDRESS		
CITY - ST - ZIP	PORT ST LUCIE, FL 34952		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAYDEN, KENNETH		NAME		
STREET ADDRESS	329 HOLLY AVENUE		STREET ADDRESS		
CITY - ST - ZIP	PORT ST LUCIE, FL 34952		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCNAUGHTON, OLIVE P		NAME		
STREET ADDRESS	2242 SW PICTURE TERRACE		STREET ADDRESS		
CITY - ST - ZIP	PORT ST LUCIE, FL 34953		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH-BENNIS, FAYE		NAME		
STREET ADDRESS	1862 SE FALON		STREET ADDRESS		
CITY - ST - ZIP	PORT ST LUCIE, FL 34983		CITY - ST - ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWN, ANN MAREE		NAME		
STREET ADDRESS	604 COCONUT AVE. N.		STREET ADDRESS		
CITY - ST - ZIP	PORT SAINT LUCIE, FL 34952		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: *Olive P McNaughton* **Olive P McNaughton** DATE **4/14/05** 772-878-4474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

50038688

#N03000010370

My mail is being sent to
physical address. Please
send mail to mailing
address.

Thank you

OPM