


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90037 008 \*\*\*\*61.25

<b>DOCUMENT # N03000010370</b> 1. Entity Name <b>BREAKING THE CYCLE MINISTRIES, INC.</b>					
Principal Place of Business <b>P.O. BOX 8513 PORT SAINT LUCIE, FL 34985</b>			Mailing Address <b>P.O. BOX 8513 PORT ST LUCIE, FL 34985</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEJ Number <b>20-0441939</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MCNAUGHTON, OLIVE P 2242 SW PICTURE TERRACE PORT ST LUCIE, FL 34953</b>				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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
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	<b>JACKSON, EPHRAIN</b>		NAME		
STREET ADDRESS	<b>2262 MASIAN AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PORT ST LUCIE, FL 34952</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HAYDEN, KENNETH</b>		NAME		
STREET ADDRESS	<b>329 HOLLY AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PORT ST LUCIE, FL 34952</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MCNAUGHTON, OLIVE P</b>		NAME		
STREET ADDRESS	<b>2242 SW PICTURE TERRACE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PORT ST LUCIE, FL 34953</b>		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BROWN, ANN MAREE</b>		NAME		
STREET ADDRESS	<b>604 COCONUT AVE. N.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PORT SAINT LUCIE, FL 34952</b>		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		
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 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 changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: Olive McNaughton</b> <i>Olive McNaughton</i> <b>2-15-06</b> <b>(770) 336-2362</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					
<b>Director</b>					