

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000002599

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** BREAKTHROUGH DELIVERANCE AND HEALING PRAYER MINISTRIES, INC.

**Current Principal Place of Business:**

1915 NW 171 STREET  
MIAMI GARDENS, FL 33056 US

**New Principal Place of Business:**

**Current Mailing Address:**

1915 NW 171 STREET  
MIAMI GARDENS, FL 33056 US

**New Mailing Address:**

**FEI Number:** 20-0854953      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BROWN, E GAIL  
1915 NW 171 STREET  
MIAMI GARDENS, FL 33056 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  
Name: BROWN, DR EDDIELENE G  
Address: 1915 NW 171 STREET  
City-St-Zip: MIAMI GARDENS, FL 33056 US

Title: D  
Name: DENSON, VERA  
Address: 1762 NW 154 STREET  
City-St-Zip: MIAMI GARDENS, FL 33054 US

Title: D  
Name: BROWN, ZAMARR T  
Address: 1915 NW 171 STREET  
City-St-Zip: MIAMI GARDENS, FL 33056 US

I hereby 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 all other like empowered.

SIGNATURE: DR. EDDIELENE G. BROWN

PRES

03/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date