

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90087 005 ****61.25

DOCUMENT # N04000008356

1. Entity Name
BREDDA RUP'S EVANGELISTIC MINISTRIES INC.



Principal Place of Business
**1473 ACORN CT.
KISSIMMEE, FL 34744**

Mailing Address
**1473 ACORN CT.
KISSIMMEE, FL 34744**

2. Principal Place of Business
1473 ACORN CT.

3. Mailing Address
P.O. Box 452197



01162005 Chg-NP CR2E037 (10/03)

City & State
KISS FL

City & State
KISS, FL

4. FEI Number
57-1207893

Applied For
Not Applicable

Zip
34744

Country
U.S.A

Zip
34745

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

**HENRY, RUPERT D
1473 ACORN CT.
KISSIMMEE, FL 34744**

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

Rupert D. Henry

4-10-05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

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

TITLE	DT	<input type="checkbox"/> Delete
NAME	HENRY, RUPERT D	
STREET ADDRESS	1473 ACORN CT.	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENRY, JUDY A	
STREET ADDRESS	1473 ACORN CT.	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HENRY, CISLYN	
STREET ADDRESS	608 CHEETAH LN	
CITY-ST-ZIP	KISSIMMEE, FL 34759	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

Rupert D. Henry
RUPERT D. HENRY

4-10-05

Date

Daytime Phone #