2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2008
Secretary of State

DOCUMENT# N05000006289

Entity Name: BREAKTHROUGH INTERNATIONAL CHRISTIAN CENTER INC.

Current Principal Place of Business:

1560 SW 87TH TERR
PEMBROKE PINES, FL 33025

New Principal Place of Business:

Current Mailing Address:

1560 SW 87TH TERRACE
PEMBROKE PINES, FL 33025

New Mailing Address:

FEI Number: 59-3811271 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KNOWLES, BURLEY
1560 SW 87TH TERRACE
PEMBROKE PINES, FL 33025 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 ( ) Delete
Name: KNOWLES, BURLEY
Address: 1560 SW 87TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: S ( ) Delete
Name: NOEL, NEKEISHA
Address: 112 NW 3RD STREET
City-St-Zip: HALLANDALE, FL 33179

Title: T ( ) Delete
Name: LECONTE, LARISSA
Address: 365 NE 191 ST APT #204
City-St-Zip: MIAMI, FL 33179

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: NOEL, NEKEISHA
Address: 185 NW 13 AVE APT# 935
City-St-Zip: MIAMI,, FL 33125 US

Title: T (X) Change ( ) Addition
Name: LECONTE, LARISSA
Address: 2884 NW 193 TERR
City-St-Zip: MIAMI GARDENS, FL 33056

Title: VP ( ) Change (X) Addition
Name: KNOWLES, LINDA P VP
Address: 1560 SW 87 TERR
City-St-Zip: PEMBROKE,PINES, FL 33025 US

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: BURLEY KNOWLES PAST 03/25/2008

Electronic Signature of Signing Officer or Director — Date