

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 10, 2009
Secretary of State

DOCUMENT# N05000008393

Entity Name: APOSTOLIC BREAKTHROUGH NETWORK, INC.**Current Principal Place of Business:**4055 DRIFTING SAND TRAIL
DESTIN, FL 32541**New Principal Place of Business:**301 E HICKORY AVENUE
CRESTVIEW, FL 32536**Current Mailing Address:**4055 DRIFTING SAND TRAIL
DESTIN, FL 32541**New Mailing Address:**301 E HICKORY AVENUE
CRESTVIEW, FL 32536**FEI Number:** 20-3276249**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TAYLOR, HUTSON M
4055 DRIFTING SAND TRAIL
DESTIN, FL 32541 US**Name and Address of New Registered Agent:**TOM, CROWE L
301 E HICKORY AVENUE
CRESTVIEW, FL 32536 US

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: TOM L. CROWE

08/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CROWE, TOM L
Address: 301 E HICKORY AVE
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Delete
Name: MARKS, VIRGINIA
Address: 103 N LEXINGTON AVE
City-St-Zip: WILMORE, KY 40390

Title: D () Delete
Name: ADAIR, DAVID J
Address: 45 WHITE CLIFFS LANE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: TAYLOR, HUTSON M
Address: 4055 DRIFTING SAND TRAIL
City-St-Zip: DESTIN, FL 32541

Title: D (X) Delete
Name: TAYLOR, SHARON A
Address: 4055 DRIFTING SAND TRAIL
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: MARKS, VIRGINIA
Address: 103 N. LEXINGTON AVE
City-St-Zip: WILMORE, KY 40390

Title: D (X) Change () Addition
Name: TAYLOR, HUTSON M
Address: 4055 DRIFTING SAND TRAIL
City-St-Zip: DESTIN, FL 32541

Title: D (X) Change () Addition
Name: TAYLOR, SHARON A
Address: 4055 DRIFTING SAND TRAIL
City-St-Zip: DESTIN, FL 32541

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

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: TOM L. CROWE

D

08/10/2009

Electronic Signature of Signing Officer or Director

Date