

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000024

FILED
Apr 30, 2007
Secretary of State

Entity Name: INTERNATIONAL CHURCH OF BROKEN VESSELS MINISTRY INC.

Current Principal Place of Business:

451 SE FAITH TERR.
PORT ST. LUCIE, FL 34983 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 463
GAINESVILLE, FL 32602 US

New Mailing Address:

451 SE FAITH TERRACE
PORT ST. LUCIE, FL 34983 US

FEI Number: 76-0811980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JONES, JUNE PD
451 SE FAITH TERR.
PORT ST. LUCIE, FL 34983 US

Name and Address of New Registered Agent:

THOMPSON, JUNE PD
451 SE FAITH TERR.
PORT ST. LUCIE, FL 34983 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: JUNE THOMPSON

04/30/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JONES, JUNE
Address: 451 SE. FAITH TERR.
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: VD () Delete
Name: NIELSON, CHRISTY
Address: 1155 SW. JUMPER STREET
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: SD (X) Delete
Name: HALL, CONNIE
Address: 1453 8TH STREET
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: THOMPSON, JUNE
Address: 451 SE. FAITH TERR.
City-St-Zip: PORT ST. LUCIE, FL 34983

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

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: JUNE THOMPSON

PD

04/30/2007

Electronic Signature of Signing Officer or Director

Date