

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000024

FILED  
Aug 31, 2009  
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:**

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

**New Mailing Address:**

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

**FEI Number:** 76-0811980 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

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

SMITH, KATRINA SD  
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: KATRINA SMITH

08/31/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: VPD (X) Delete  
Name: BERMUDEZ, ISABELLA  
Address: 1571 SW NEPONSET ROAD  
City-St-Zip: PORT ST LUCIE, FL 34953

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: SD (X) Change ( ) Addition  
Name: SMITH, KATRINA EVANG  
Address: 2050 8-201 OLEANDER BLVD  
City-St-Zip: FORTPIERCE, FL 34950 US

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: KATRINA SMITH

SD

08/31/2009

Electronic Signature of Signing Officer or Director

Date