

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2007 8:00 am
Secretary of State

06-12-2007 90111 020 ****70.00

DOCUMENT # N06000002686 1. Entity Name BATTERED BUT NOT BROKEN INTERNATIONAL MINISTRIES, INC.			
Principal Place of Business 1251 NW PERU STREET OPA LOCKA, FL 33054		Mailing Address 1251 NW PERU STREET OPA LOCKA, FL 33054	
2. Principal Place of Business - No P.O. Box # 1251 NW Peru Street		3. Mailing Address 1251 NW Peru Street	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State OPA-LOCKA FL		City & State OPA-LOCKA, FL	
Zip 33054		Zip 33054	
Country 		Country 	
4. FEI Number 20-0486065		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EDWARDS, SHERELEAN 1251 NW PERU STREET OPA LOCKA, FL 33054		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)			
Filing Fee is \$61.25 Due by May 1, 2007		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 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EDWARDS, SHERELEAN MINISTE 1251 NW PERU STREET OPA LOCKA, FL 33054 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, DELPHA PASTOR 5745 SW 18 STREET HOLLYWOOD, FL 33023 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLARKE, DELPHA L 5745 SW 18 STREET HOLLYWOOD, FL 33023 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WATKINS, JACQUELINE 2808 CANAL ROAD MIRAMAR, FL 33025 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>SHERELEAN EDWARDS</u>		SHERELEAN EDWARDS 4/22/07 305 527-4705	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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