## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000004721

Entity Name: BREAKTHROUGH PRAYER MINISTRIES, INC.

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1403 DUNN AVE SUITE 17 JACKSONVILLE, FL 32218				285 CHRISTEN DRIVE NORTH JACKSONVILLE, FL 32218			
Current M	ailing Addres	s:		New Maili	ng Address:		
P.O. BOX 26098 JACKSONVILLE, FL 32218				P.O. BOX 26098 JACKSONVILLE, FL 32226			
FEI Number:	51-0577955	FEI Number Applied For()	FEI Nun	nber Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:		Name and	Address of I	New Registered Agent:	
BARLOW, A WELLINGTON 1403 DUNN AVE SUITE 17 JACKSONVILLE, FL 32218 US  The above named entity submits this statement for the purpose in the State of Florida.				BARLOW, A WELLINGTON 303 N. LIBERTY STREET JACKSONVILLE, FL 32202 US			
		submits this statement for the p	ourpose o	of changing i	ts registered o	office or registered agent, or both,	
SIGNATURE:				04/22/2009			
	Electron	ic Signature of Registered Age	 ∍nt			Date	
OFFICERS	S AND DIREC	TORS:		ADDITION	IS/CHANGES	TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip: Title:	BARLOW, CASS 285 CHRISTEN JACKSONVILLE D ()	DR N E, FL 32218 Delete		Title: Name: Address: City-St-Zip: Title:	BARLOW, CAS 285 CHRISTEN JACKSONVILL D (X	E, FL 32218 () Change ( ) Addition	
Name: Address: City-St-Zip:	SIMMONDS, SA 1355 HIGH PLA JACKSONVILLE	INS DR W		Name: Address: City-St-Zip:	SIMMONDS, S 1355 HIGH PL/ JACKSONVILL	AINS DR W	
Title: Name: Address: City-St-Zip:	D () MCKINLEY, RO 255 AQUARIUS JACKSONVILLE	CIRCLE W		Title: Name: Address: City-St-Zip:			
Title: Name: Address: City-St-Zip:	PCEO () BARLOW, A.W. 1403 DUNN AVE JACKSONVILLE	STE 17		Title: Name: Address: City-St-Zip:	PCEO (X BARLOW, A. V 303 N. LIBERT JACKSONVILL	Y STREET	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	D ( JORDAN, VANI 2227 NEWBER JACKSONVILL	RRY ROAD	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	D ( GLASCOW,, K 2930 CENTER JACKSONVILL	WOOD DR. N.	

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: A. WELLINGTON BARLOW PRES 04/22/2009