

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004721

FILED  
Apr 19, 2011  
Secretary of State

**Entity Name:** BREAKTHROUGH PRAYER MINISTRIES, INC.

**Current Principal Place of Business:**

285 CHRISTEN DRIVE NORTH  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 26098  
JACKSONVILLE, FL 32226

**New Mailing Address:**

**FEI Number:** 51-0577955

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARLOW, A WELLINGTON  
303 N. LIBERTY STREET  
JACKSONVILLE, FL 32202 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BARLOW, CASSANDRA D MRS.  
Address: 285 CHRISTEN DR N  
City-St-Zip: JACKSONVILLE, FL 32218

Title: D  
Name: MCKINLEY, ROSEMARY MRS.  
Address: 255 AQUARIUS CIRCLE W  
City-St-Zip: JACKSONVILLE, FL 32216

Title: PCEO  
Name: BARLOW, A. W. MR.  
Address: 285 CHRISTEN DRIVE NORTH  
City-St-Zip: JACKSONVILLE, FL 32218

Title: D  
Name: JORDAN, VANNETTA MRS.  
Address: 2227 NEWBERRY ROAD  
City-St-Zip: JACKSONVILLE, FL 32218

Title: D  
Name: GLASCOW,, KAREN MS.  
Address: 2930 CENTERWOOD DR. N.  
City-St-Zip: JACKSONVILLE, FL 32218

I hereby 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 all other like empowered.

SIGNATURE: A. WELLINGTON BARLOW

PRES

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date