

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008292

FILED
Apr 29, 2009
Secretary of State

Entity Name: BROKEN TO MENDED, INC.

Current Principal Place of Business:

305 MASTEN ST NW
PALM BAY, FL 32907

New Principal Place of Business:

249 CERTOSA AVE NE
PALM BAY, FL 32905 US

Current Mailing Address:

305 MASTEN ST NW
PALM BAY, FL 32907

New Mailing Address:

P.O. BOX 61131
PALM BAY, FL 32906 US

FEI Number: 41-2211997

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOFFETT, MARVIN P
305 MASTEN ST NW
PALM BAY, FL 32907 US

Name and Address of New Registered Agent:

MOFFETT, MARVIN P
249 CERTOSA AVE NE
PALM BAY, FL 32905 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: MARVIN P. MOFFETT

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: MOFFETT, MARVIN P
Address: 305 MASTEN ST NW
City-St-Zip: PALM BAY, FL 32907

Title: DV () Delete
Name: LOFTON, ELI
Address: 6615 ANCHOR LOOP # 106
City-St-Zip: BRADENTON, FL 34212

Title: DT () Delete
Name: MOFFETT, GENEATH
Address: 1443 HUDSON ST
City-St-Zip: TALLAHASSEE, FL 32204

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: MOFFETT, MARVIN P
Address: 249 CERTOSA AVE NE
City-St-Zip: PALM BAY, FL 32905 US

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

Title: DT (X) Change () Addition
Name: MOFFETT, GENEATH
Address: 1600 OLD BAINBRIDGE RD
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: VP () Change (X) Addition
Name: BROOKS, ADDIE
Address: 2223 RANDOLPH STREET NE
City-St-Zip: PALM BAY, FL 32905 US

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: MARVIN P. MOFFETT

DPS

04/29/2009

Electronic Signature of Signing Officer or Director

Date