

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000008292

**FILED**  
**Apr 09, 2010**  
**Secretary of State**

**Entity Name:** BROKEN TO MENDED, INC.

**Current Principal Place of Business:**

249 CERTOSA AVE NE  
PALM BAY, FL 32905 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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  
249 CERTOSA AVE NE  
PALM BAY, FL 32905 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:** DPS  
**Name:** MOFFETT, MARVIN P  
**Address:** 249 CERTOSA AVE NE  
**City-St-Zip:** PALM BAY, FL 32905 US

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

**Title:** DT  
**Name:** MOFFETT, GENEATH  
**Address:** 1600 OLD BAINBRIDGE RD  
**City-St-Zip:** TALLAHASSEE, FL 32303 US

**Title:** VP  
**Name:** BROOKS, ADDIE  
**Address:** 2223 RANDOLPH STREET NE  
**City-St-Zip:** PALM BAY, FL 32905 US

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:** ADDIE L. BROOKS

VP

04/09/2010

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

\_\_\_\_\_  
Date