## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000009221

FILED Jan 10, 2009 Secretary of State

Entity Name: BROKEN VESSEL OUTREACH MINISTRIES, INTERNATIONAL, INC.

Current Principal Place of Business: New Principal Place of Business:

48 ETON COURT 8433 SOUTHSIDE BLVD.

CHAMBERSBURG, PA 17201 #2712

JACKSONVILLE, FL 32256

Current Mailing Address: New Mailing Address:

P.O. BOX 1111 P.O. BOX 58012

CHAMBERSBURG, PA 17201 JACKSONVILLE, FL 32241

FEI Number: 20-8413394 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

BLUE, DENISE J. WILLIAMS, DENISE J FOUNDER

7400 POWERS AVE., APT. 602 8433 SOUTHSIDE BLVD.

JACKSONVILLE, FL 32217 US 2712 JACKSONVILLE, FL 32256 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: DENISE J. WILLIAMS 01/10/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

Name: WILLIAMS, DENISE J. Name: WILLIAMS, DENISE J

 Address:
 48 ETON COURT
 Address:
 8433 SOUTHSIDE BLVD. #2712

 City-St-Zip:
 CHAMBERSBURG, PA 17201
 City-St-Zip:
 JACKSONVILLE, FL 32256

Title: D ( ) Delete Title: ( ) Change ( ) Addition

Name: COOK, CARL Name:

 Address:
 P.O. BOX 541
 Address:

 City-St-Zip:
 CHENEYVILLE, LA 71325
 City-St-Zip:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 GOSHA, JOANNA
 Name:

 Address:
 P.O. BOX 401
 Address:

 City-St-Zip:
 CHENEYVILLE, LA 71325
 City-St-Zip:

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: DENISE J. WILLIAMS D 01/10/2009