

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011311

FILED
Feb 07, 2007
Secretary of State

Entity Name: RESTORERS OF BROKEN HEART MINISTRY CORP

Current Principal Place of Business:

6501 NW 72ND AVE
TAMARAC, FL 33321 US

New Principal Place of Business:

Current Mailing Address:

6501 NW 72ND AVE
TAMARAC, FL 33321 US

New Mailing Address:

FEI Number: 20-5804839

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NIEVES, YAMILKA
6501 NW 72ND AVE
TAMARAC, FL 33321 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: P () Delete
Name: NIEVES, YAMILKA
Address: 6501 NW 72ND AVE
City-St-Zip: TAMARAC, FL 33321 US

Title: SEC () Delete
Name: MOULIER, LUZ M
Address: 6501 NW 72ND AVE
City-St-Zip: TAMARAC, FL 33321 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: OMAR, NIEVES
Address: 210STUDENT UNION STREET
City-St-Zip: BLUFTON, SC 29909 US

I hereby certify that the information supplied with this filing does not qualify for the 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: YAMILKA NIEVES

P

02/07/2007

Electronic Signature of Signing Officer or Director

Date