

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90067 024 \*\*\*\*70.00

40041403



03222007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N06000012918</b> 1. Entity Name <b>ANOTHER CHANCE BREAKTHROUGH MINISTRIES, INC.</b>					
Principal Place of Business <b>105 SUNSET SHORES WINTER HAVEN, FL 33881</b>			Mailing Address <b>105 SUNSET SHORES WINTER HAVEN, FL 33881</b>		
2. Principal Place of Business - No P.O. Box # <b>1017 Washington Ave</b>		3. Mailing Address <b>P.O. Box 3602</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Lake Wales FL</b>		City & State <b>Lake Wales, FL</b>		4. FEI Number <b>56-2629470</b>	
Zip <b>33853</b>		Country <b>Polk</b>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33859</b>		Country <b>Polk</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DAWSON, LEO 105 SUNSET SHORES WINTER HAVEN, FL 33881</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAST DAWSON, LEO TRUSTEE <input type="checkbox"/> Delete 105 SUNSET SHORES WINTER HAVEN, FL 33881		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Leo L. Dawson</b> 105 Sunset Shores Winter Haven, FL 33881	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAWSON, PATRICIA TRUSTEE <input type="checkbox"/> Delete 105 SUNSET SHORES WINTER HAVEN, FL 33881		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Patricia Dawson</b> 105 Sunset Shores Winter Haven, FL 33881	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRISON, JOE TRUSTEE <input type="checkbox"/> Delete 6014 DENNARD AVENUE PLANT CITY, FL 33844		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Joe Harrison</b> 6014 Dennard Ave Plant City, FL 33844	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>3/22/07</b> (863) 299-1898 <small>Daytime Phone</small>		