

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001741

FILED  
Feb 11, 2009  
Secretary of State

Entity Name: BREATH OF LIFE FELLOWSHIP, INC.

**Current Principal Place of Business:**

8239 WILLOWWOOD ST  
ORLANDO, FL 32818

**New Principal Place of Business:**

**Current Mailing Address:**

424 E. CENTRAL BLVD. #236  
ORLANDO, FL 32801

**New Mailing Address:**

FEI Number: 20-8348649

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HERNANDEZ, ELI V REV.  
8239 WILLOWWOOD ST  
ORLANDO, FL 32818 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: D ( ) Delete  
Name: HERNANDEZ, ELI V REV.  
Address: 8239 WILLOWWOOD ST  
City-St-Zip: ORLANDO, FL 32818

Title: D ( ) Delete  
Name: CORTEZ, HECTOR REV.  
Address: 4410 TOWNSHIP LINE RD #E2D  
City-St-Zip: DREXEL HILL, PA 19026

Title: D ( ) Delete  
Name: RODRIGUEZ, FRIDA  
Address: 9120 QUEEN ELIZABETH CT  
City-St-Zip: ORLANDO, FL 32818

Title: D ( ) Delete  
Name: CARRION, MIKE S REV.  
Address: 73 FIFTH AVENUE  
City-St-Zip: NEW ROCHELLE, NY 10801

Title: D ( ) Delete  
Name: HERNANDEZ, APRILIS Y REV.  
Address: 8239 WILLOWWOOD ST  
City-St-Zip: ORLANDO, FL 32818

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

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

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

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: ELI V. HERNANDEZ

REV.

02/11/2009

Electronic Signature of Signing Officer or Director

Date