

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002189

FILED
Apr 30, 2012
Secretary of State

Entity Name: BELIEVERS FAITH BREAKTHROUGH MINISTRIES INTERNATIONAL, INC

Current Principal Place of Business:

6511 NOVA DRIVE
193
DAVIE, FL 33317

New Principal Place of Business:

Current Mailing Address:

6511 NOVA DRIVE
193
DAVIE, FL 33317

New Mailing Address:

FEI Number: 26-2247380 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WRAY, LAURA A
6511 NOVA DRIVE
193
DAVIE, FL 33317 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: PD
Name: NOTTAGE, EDISON E
Address: 3101 PALM TRACE LANDINGS DRIVE, APT. 1306
City-St-Zip: DAVIE, FL 33314

Title: VD
Name: NOTTAGE, MATTIE M
Address: 3101 PALM TRACE LANDINGS DRIVE, APT. 1306
City-St-Zip: DAVIE, FL 33314

Title: T
Name: ROKER, MONIQUE Y
Address: 286 ALTA VISTA DR.
City-St-Zip: YONKERS, NY 10710

Title: AT
Name: MILLER, TRAMEKA S
Address: 18025 NW 43RD CT.
City-St-Zip: CAROL CITY, FL 33054

Title: S
Name: ASH, ELTHESA
Address: P. O. BOX SB 52524
City-St-Zip: NASSAU, BAHAMAS,

Title: AS
Name: WRAY, LAURA
Address: 6511 NOVA DRIVE, #193
City-St-Zip: DAVIE, FL 33317

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: LAW

AS

04/30/2012

Electronic Signature of Signing Officer or Director

Date