

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003337

FILED
Apr 17, 2009
Secretary of State

Entity Name: BREAKING THRU MINISTRY, INC.

Current Principal Place of Business:

6547 FLORIDA AVE
CRESTVIEW, FL 32539

New Principal Place of Business:

984 HINOTE RD
DEFUNIAK SPRINGS, FL 32433

Current Mailing Address:

6547 FLORIDA AVE
CRESTVIEW, FL 32539

New Mailing Address:

984 HINOTE RD
DEFUNIAK SPRINGS, FL 32433

FEI Number: 41-2275781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALI, WILFREDO E
6547 FLORIDA AVE
CRESTVIEW, FL 32539 US

Name and Address of New Registered Agent:

ALI, WILFREDO E
984 HINOTE RD
DEFUNIAK SPRINGS, FL 32433 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: WILFREDO E ALI

04/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BURNS, ANTHONY
Address: 6547 FLORIDA AVE
City-St-Zip: CRESTVIEW, FL 32539

Title: D () Delete
Name: ALI, LAUNA M
Address: 6547 FLORIDA AVE
City-St-Zip: CRESTVIEW, FL 32539

Title: D () Delete
Name: JAMES, RASHEDA R
Address: 6547 FLORIDA AVE
City-St-Zip: CRESTVIEW, FL 32539

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BURNS, ANTHONY
Address: 984 HINOTE RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D (X) Change () Addition
Name: ALI, LAUNA M
Address: 984 HINOTE RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D (X) Change () Addition
Name: JAMES, RASHEDA R
Address: 984 HINOTE RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

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: WILFREDO E ALI

MR

04/17/2009

Electronic Signature of Signing Officer or Director

Date