

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008799

FILED
Apr 30, 2009
Secretary of State

Entity Name: BREAKING THE CYCLE OF POVERTY MINISTRIES, INC.

Current Principal Place of Business:

17313 SW 47TH CT
MIRAMAR, FL 33029

New Principal Place of Business:

Current Mailing Address:

17313 SW 47TH CT
MIRAMAR, FL 33029

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOMPOINT, SAMUEL
17313 SW 47TH CT
MIRAMAR, FL 33029 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: MOMPOINT, SAMUEL
Address: 17313 SW 47TH CT
City-St-Zip: MIRAMAR, FL 33029

Title: CP () Delete
Name: MOMPOINT, FLEURISE
Address: 17313 SW 47TH CT
City-St-Zip: MIRAMAR, FL 33029

Title: T () Delete
Name: HARIG, TERRY
Address: 1909 HARRISON ST #101
City-St-Zip: HOLLYWOOD, FL 33020

Title: S () Delete
Name: KNIGHT, DEBBIE
Address: 942 NE 199TH ST #208
City-St-Zip: MIAMI, FL 33179

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:

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: SAMUEL MOMPOINT

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date