

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90029 015 \*\*\*\*61.25

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N18069**

1. Entity Name

**BREATH OF LIFE MINISTRIES, INCORPORATED**

Principal Place of Business

Mailing Address

5210 NORTHWEST 180TH TERRACE  
 MIAMI FL 33055-3168

5210 NORTHWEST 180TH TERRACE  
 MIAMI FL 33055-3168

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2736562**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOBLEY, CHRISTINE B.**  
**5210 NORTHWEST 180TH TERRACE**  
**MIAMI FL 33055**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MOBLEY, CHRISTINE B.	
STREET ADDRESS	5210 N.E. 180TH TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIGHTBOURNE, GLEN	
STREET ADDRESS	18201 N.W. 5TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOONE, ELLEN	
STREET ADDRESS	3846 N.W. 213TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mylene JEAN Louis	
STREET ADDRESS	600 NE 142nd St. Apt 11	
CITY-ST-ZIP	Miami, FL 33161	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Mobley	
STREET ADDRESS	5210 N.W. 180th Ave	
CITY-ST-ZIP	Miami, FL 33055	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Christine B. Mobley*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/02 (305) 621-0982  
 Date Daytime Phone #

- 128459



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)