


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
May 24, 2004 08:00 AM  
Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # N18069</b><br>1. Entity Name<br><b>BREATH OF LIFE MINISTRIES, INCORPORATED</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>5210 NORTHWEST 180TH TERRACE<br/>MIAMI, FL 33055-3168</b> | Mailing Address<br><b>5210 NORTHWEST 180TH TERRACE<br/>MIAMI, FL 33055-3168</b> |
|---|---|



05102004 No Chg-NP CR2E037 (10/03)

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|   |  |
|---|--|
| 4. FEI Number<br><b>59-2736562</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25  
Due by September 8, 2004

**9.** Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                         |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>MOBLEY, CHRISTINE B.<br>5210 N.E. 180TH TERRACE<br>MIAMI, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>LIGHTBOURNE, GLEN<br>18201 N.W. 5TH AVENUE<br>MIAMI, FL       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>BOONE, ELLEN<br>3846 N.W. 213TH AVENUE<br>MIAMI, FL           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | O<br>LOUIS, MYCNEL J<br>600 NE 142ND ST APT 11<br>MIAMI, FL 33161  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>MOBLEY, JAMES<br>5210 NW 180TH TERR<br>MIAMI, FL 33055        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

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05/24/04-80001-017 61.25

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**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 5/15/04 (305) 621-0982

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #