


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 22, 2005 8:00 am**  
**Secretary of State**

06-22-2005 90078 010 \*\*\*\*61.25

<b>DOCUMENT # N18069</b> 1. Entity Name <b>BREATH OF LIFE MINISTRIES, INCORPORATED</b>	
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Principal Place of Business <b>5210 NORTHWEST 180TH TERRACE MIAMI, FL 33055-3168</b>	Mailing Address <b>5210 NORTHWEST 180TH TERRACE MIAMI, FL 33055-3168</b>
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**DO NOT WRITE IN THIS SPACE**



06092005 No Chg-NP CR2E037 (10/03)

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

<b>6. Name and Address of Current Registered Agent</b>  <b>MOBLEY, CHRISTINE B. 5210 NORTHWEST 180TH TERRACE MIAMI, FL 33055</b>
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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 7, 2005**

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

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

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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 6/14/05 305-621-0982  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #