


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N18069**


1. Entity Name  
**BREATH OF LIFE MINISTRIES, INCORPORATED**



Principal Place of Business      Mailing Address

5210 NORTHWEST 180TH TERRACE      5210 NORTHWEST 180TH TERRACE  
 MIAMI, FL 33055-3168      MIAMI, FL 33055-3168

**DO NOT WRITE IN THIS SPACE**



07022006 No Chg-NP      CR2E037 (4/06)

4. FEI Number 59-2736562	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25**  
**Due by September 6, 2006**

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

000000571370  
 07/20/06-80005-006 70.00

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 exemptions contained 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 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:**  **6/30/06** 305 621-0982  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #