

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18069

FILED  
Jul 23, 2007  
Secretary of State

Entity Name: BREATH OF LIFE MINISTRIES, INCORPORATED

**Current Principal Place of Business:**

5210 NORTHWEST 180TH TERRACE  
MIAMI, FL 330553168

**New Principal Place of Business:**

**Current Mailing Address:**

5210 NORTHWEST 180TH TERRACE  
MIAMI, FL 330553168

**New Mailing Address:**

FEI Number: 59-2736562      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MOBLEY, CHRISTINE B.  
5210 NORTHWEST 180TH TERRACE  
MIAMI, FL 33055 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: PD ( ) Delete  
Name: MOBLEY, CHRISTINE B.,  
Address: 5210 N.E. 180TH TERRACE  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: LIGHTBOURNE, GLEN,  
Address: 18201 N.W. 5TH AVENUE  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: BOONE, ELLEN,  
Address: 3846 N.W. 213TH AVENUE  
City-St-Zip: MIAMI, FL

Title: O ( ) Delete  
Name: LOUIS, MYCNEL J  
Address: 600 NE 142ND ST APT 11  
City-St-Zip: MIAMI, FL 33161

Title: D ( ) Delete  
Name: MOBLEY, JAMES  
Address: 5210 NW 180TH TERR  
City-St-Zip: MIAMI, FL 33055

**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: O (X) Change ( ) Addition  
Name: CHANEY, KYMBERLY Y  
Address: 600 NE 142ND ST APT 11  
City-St-Zip: MIAMI, FL 33161

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: CHRISTINE MOBLEY

Electronic Signature of Signing Officer or Director

PAST

07/23/2007

\_\_\_\_\_ Date