

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Aug 27, 2009
Secretary of State**

DOCUMENT# N18069

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: CHANEY, KYMBERLY Y
Address: P O BOX 174134
City-St-Zip: HIALEAH, FL 33017

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: () Change () Addition
Name:
Address:
City-St-Zip:

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

PRES

08/27/2009

Electronic Signature of Signing Officer or Director

_____ Date