SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 2, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $158 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $340)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUN 16 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001917 (3)

1. Corporation Name

BREAKING POINT HOMELESS SHELTER, INCORPORATION

Principal Place of Business	Mailing Address
3620 18TH AVENUE SOUTH ST. PETERSBURG FL 33711	3620 18TH AVENUE SOUTH ST. PETERSBURG FL 33711

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/19/1994
3a. Date of Last Report:
4. FEI Number: 59-3262111 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SALTER, LOMAX REV.
3620 18TH AVENUE SOUTH
ST. PETERSBURG FL 33711

10. Name and Address of New Registered Agent

31 Name: OVERSEER LOMAX SALTER
32 Street Address (P.O. Box Number is Not Acceptable): #3620 18TH AVE. SOUTH
33
34 City: ST. PETERSBURG, FL 35 Zip Code: 33711

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☐ Change ☐ Addition
NAME	BAILEY, BOBBY	1.2 NAME	ELDER, BOBBY BAILEY
STREET ADDRESS	837 54TH AVENUE SOUTH	1.3 STREET ADDRESS	837 54TH AVE. SOUTH
CITY-ST-ZIP	ST. PETERSBURG FL 33705	1.4 CITY-ST-ZIP	ST. PETERSBURG, 33705
TITLE	D	2.1 TITLE	D ☐ Change ☐ Addition
NAME	KING, MILDRED	2.2 NAME	ROGER WILLIAMS
STREET ADDRESS	4055 12TH AVENUE SOUTH	2.3 STREET ADDRESS	1145 28TH AVE. SOUTH
CITY-ST-ZIP	ST. PETERSBURG FL 33711	2.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33705
TITLE	D	3.1 TITLE	D ☐ Change ☐ Addition
NAME	MCGRIFF, RUTHELLA	3.2 NAME	DARLENE HARRIS
STREET ADDRESS	3401 37TH STREET SOUTH	3.3 STREET ADDRESS	2470 QUEENSBORO AVE. SOUTH
CITY-ST-ZIP	ST. PETERSBURG FL 33711	3.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33712
TITLE		4.1 TITLE	D ☐ Change ☐ Addition
NAME		4.2 NAME	RANDOLPH LEE
STREET ADDRESS		4.3 STREET ADDRESS	2657 62ND AVE. SOUTH
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33705
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	DP 7/11 ☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lomax Salter LOMAX SALTER 6/8/95 813-327-2964
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013642