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NONPROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500001937 (0)

REPAIRERS OF THE BREACH MINISTRIES, INC.

FILED
Jul 01 1997 8:00am
Secretary of State

2417 SANDY LANE ORLANDO FL 32818  P.O. BOX 681834 ORLANDO FL 32868-1834  3. Date Incorporated or Qualified 04/24/1995  2. Principal Place of Business 3. Date Incorporated or Qualified 04/24/1995  4. FEI Number 59-3312761  Not Applied For Not Applicable Suite, Apt. #, etc. 5. Certificate of Status Desired  City & State  City & State  6. Election Campaign Financing  \$5.00 May Be	LICI VII	ILNO OF THE DIENOT WIN	10111120, 1110.			
ORLANDO FL 32889 1834  3. Date incorporation of Qualified	Principal Plac	e of Business	Mailing Address		T I DO ILLEL BIE 18161 AVIII BO ILL BO	LI BEKIY BO'IN BOID! NIBIB IDIBE KUNI 1809 IDON
2. Principal Place of Business   2a Mailing Activiess   2a Mailing Activies   2a						
28   Quip Sould, April 4, 960   20   20   20   20   20   20   20						
Sulfe, Apt #, etc.    Sulfe, Apt #, etc.   22   22   22   23   24   25   25   25   25   25   25   25	—					——————————————————————————————————————
City & State  27				1834	59-3312/01	
Section   County   Section   Section   County   Section   Section   County   Section	· ·	w, etc.	<b>⊢</b>		5. Certificate of Status Desired	, , , , , , , , , , , , , , , , , , , ,
23 DRILAND, Florido, Plorido,		9		<del></del>	6 Election Campaign Financing	<del></del>
9. Name and Address of Eurent Registered Agent  AMERILAWYER 343 ALMERIA AVE. CORAL GABLES FL 33134  85	23 Oktor	odo, Florido.		eido _		
Pos Name and Address of Current Registered Agent    10. Name and Address of New Registered Agent   10. Name   10				_ ′		
AMERILAWYER 343 ALMERIA AVE. CORAL GABLES FL 33134  85 City  City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 617 0502 and 617 1509, 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 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 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 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 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 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 Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of the corporation's board of directors, 1 hereby accept the appointment as registered agent, or both, in the State of Sta	24 3281	8 25 4000	29 304866-1834 3	o <b>E</b> USA		
AMERILAWYER 343 ALMERIA AVE. CORAL GABLES FL 33134  87  88 City  FL 85 Zip Code  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 office or registered agent, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered spirit and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the purpose of changing its registered spirit and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the purpose of changing its registered spirit and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered spirit and purpose of directors. I hereby accept the purpose of changing its registered spirit and pu	<b></b>	9. Name and Address of Current	Hegistered Agent	Q1 Nome		legistered Agent
343 ALMERIA AVE. CORAL GABLES FL 33134  84 City  FL 85 Zip Code  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. Thereby accept the epipointment as registered office or registered agent, or both, in the State of Florida, Such change was authorized by the 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. Thereby accept the epipointment as registered general transfer agent and state agent agent agent agent and state agent				BI Name	<b>;</b>	
CORAL GABLES FL 33134    83					t Address (P.O. Box Number is Not Accept	able)
### City   FL   85 Zip Code  11. Pursuant to the provisions of Sections 617.0502 and 617.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, it am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE    12.				83		· · · · · · · · · · · · · · · · · · ·
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. Theretry accept the appointment as registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Theretry accept the appointment as registered office or registered agent, and accept the obligations of, Section 617.0503, Horida Statutes.  SIGNATURE  SIGNATURE  Signature, types or piritered agent and title II applicable.  NOTE: Registered Agent signature required when reinstating)  DATE  DATE  OPECIFERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DISECTORS IN 12  TITLE  PHOLMES, WILLARD  2417 SANDY LANE  OPILANDO F1. 32818  14 STREET ADDRESS  2473 BENT WILLOW COURT CIRCLE  OPILANDO F1. 22 MAME  22 MAME  DRIANDO F1. 22 MAME  STREET ADDRESS  OPILANDO F1. 22 MAME  DRIANDO F1. 22 MAME  23 STREET ADDRESS  OPILANDO F1. 34 MOTH ST-2P  OPILANDO F1. 34 MO	CORAL	GABLES FL 33134		63		
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 agent, or the State of Florida. Such change was authorized by the corporation's board of directors. Therety accept the appointment as registered agent, or the familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.    SIGNATURE		•		84 City		85 Zip Code
BIGNATURE  Signature, typed for philode name of registered agent and title it applicable.  NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PHOLMES, WILLARD  12. MAME  HOLMES, WILLARD  12. MAME  HOLMES, WILLARD  13. STREET ADDRESS  14. STREET ADDRESS  OFFICERS AND DIRECTORS IN 12  Change   Addition  Addition  15. MAME  16. STREET ADDRESS  OFFICERS AND DIRECTORS IN 12  Change   Addition  16. STREET ADDRESS  OFFICERS AND DIRECTORS IN 12  Change   Addition  OFFICERS AND DIRECTORS IN 12  OFFICERS AND	11 Pursuant	to the provisions of Sections 617 0502	and 617 1508. Florida Statutos	the above-name	d corporation submits this statement for the	, ,
TITLE P   DELETE   1.1 TITLE   DELETE   1.1 TITLE   DELETE   1.1 TITLE   DELETE   1.2 NAME   1.2 NAME   1.2 NAME   1.2 NAME   1.4 DITLE   DELETE	SIGNATURE	Signature, typed or printed name of registered agen	t and tile il applicable. (NOTE:	Registered Agent signatu		
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NAME WHITE, THOMAS  STREET ADDRESS  2673 BENT WILLOW COURT CIRCLE  ORLANDO FL  11TILE  NAME  BRADY, BILL  STREET ADDRESS  2673 BENT WILLOW CT CIRCLE  ORLANDO FL  11TILE  NAME  STREET ADDRESS  CITY-ST-ZIP  ORLANDO FL  11TILE  NAME  HENDERSON, SI L.  STREET ADDRESS  CITY-ST-ZIP  ORLANDO FL  11TILE  NAME  HENDERSON, SI L.  STREET ADDRESS  CITY-ST-ZIP  ORLANDO FL  11TILE  STD  DELETE  4.1 TITLE  4.2 NAME  5.3 STREET ADDRESS  6.4 CITY-ST-ZIP  ORLANDO FL  Change  Addition  Addition  Addition  Addition  Addition  Addition  Change  Addition  Addition  Addition  Addition  Addition  Change  Addition  Addition		•	☐ otterit			
NAME WHITE, THOMAS  STREET ADDRESS  2873 BENT WILLOW COURT CIRCLE  ORLANDO FL  NAME  BRADY, BILL  STREET ADDRESS  CITY-ST-ZIP  ORLANDO FL  TITLE  VD  NAME  HENDERSON, SI L.  STREET ADDRESS  CITY-ST-ZIP  ORLANDO FL  1 TITLE  NAME  HENDERSON, SI L.  STREET ADDRESS  CITY-ST-ZIP  ORLANDO FL  1 TITLE  STD  ORLANDO FL  1 TITLE  STD  ORLANDO FL  Change  Addition  Change  Addition  Addition  Change  Addition  Addition  Addition  Change  Addition  Addition  Change  Addition  Addition  Change  Addition  Addition  Addition  Change  Addition  Addition  Addition  Change  Addition  Addition  Change  Addition	1				white monos	at Clerke.
NAME WHITE, THOMAS  STREET ADDRESS  2873 BENT WILLOW COURT CIRCLE  ORLANDO FL  NAME  BRADY, BILL  STREET ADDRESS  CITY-ST-ZIP  ORLANDO FL  TITLE  VD  NAME  HENDERSON, SI L.  STREET ADDRESS  CITY-ST-ZIP  ORLANDO FL  1 TITLE  NAME  HENDERSON, SI L.  STREET ADDRESS  CITY-ST-ZIP  ORLANDO FL  1 TITLE  STD  ORLANDO FL  1 TITLE  STD  ORLANDO FL  Change  Addition  Change  Addition  Addition  Change  Addition  Addition  Addition  Change  Addition  Addition  Change  Addition  Addition  Change  Addition  Addition  Addition  Change  Addition  Addition  Addition  Change  Addition  Addition  Change  Addition					Deports Florido Col	io daio
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BRADY, BILL STREET ADDRESS 2673 BENT WILLOW CT CIRCLE CITY-ST-ZIP ORLANDO FL  TITLE VD NAME HENDERSON, SI L. STREET ADDRESS CITY-ST-ZIP ORLANDO FL  TITLE STD DELETE DELETE 3.2 NAME 3.2 NAME 4.1 TITLE STD DELETE 4.3 STREET ADDRESS CITY-ST-ZIP ORLANDO FL  TITLE STD DELETE DELETE 3.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE 4.4 CITY-ST-ZIP DELETE 5.1 TITLE STD DELETE 5.1 TITLE STD DELETE 5.2 NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL  STREET ADDRESS CITY-ST-ZIP ORLANDO FL  STREET ADDRESS CITY-ST-ZIP ORLANDO FL  SALLYE	STREET ADDRESS		CIRCLE	23 STREET ADDRESS	AUIT STATULARE.	
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STREET ADDRESS CITY-ST-ZIP ORLANDO FL  TITLE VD  MAME HENDERSON, SI L. STREET ADDRESS CITY-ST-ZIP ORLANDO FL  TITLE STD DELETE A3 STREET ADDRESS ORLANDO FL  A4 CITY-ST-ZIP DELETE A3 STREET ADDRESS CITY-ST-ZIP ORLANDO FL  TITLE STD DELETE STD SANGE STREET ADDRESS CITY-ST-ZIP ORLANDO FL  SANGE STREET ADDRESS SALLYE STREET ADDRESS CITY-ST-ZIP ORLANDO FL  SANGE STREET ADDRESS SALLYE STREET ADDRESS SALLYE STREET ADDRESS CITY-ST-ZIP ORLANDO FL  SALLYE STREET ADDRESS CITY-ST-ZIP ORLANDO FL  SALLYE SALLY	TITLE	D	DELETE	3.1 TITLE	<b>D</b>	Change Addition
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NAME + HOLMES, SALLYE 52 NAME STREET ADDRESS 2417 SNADY LANE 5.3 STREET ADDRESS CITY-SI-ZIP ORLANDO FL 5.4 CITY-SI-ZIP			DELETE		DIETO MOT PROPERTY	Channe Addition
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CITY-ST-ZIP ORLANDO FL 54 CITY-ST-ZIP	1 '			1		
	, i					
			DELETE			Change Addition

14. I do 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 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 of an attachment with an address.

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP\_\_\_\_\_