

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001937

FILED
Sep 06, 2005
Secretary of State

Entity Name: REPAIRERS OF THE BREACH MINISTRIES, INC.

Current Principal Place of Business:

2417 SANDY LANE
ORLANDO, FL 32818 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 681834
ORLANDO, FL 328681834 US

New Mailing Address:

2417 SANDY LANE
ORLANDO, FL 328183113 US

FEI Number: 59-3312761 **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:

AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

HOLMES, JR., WILLARD V. PRES
2417 SANDY LANE
ORLANDO, FL 32818 US

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: WILLARD HOLMES, JR.

09/06/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WHITE, THOMAS
Address: 2673 BENT WILLOW COURT CIRCLE
City-St-Zip: ORLANDO, FL US

Title: VPD () Delete
Name: HOLMES, WILLARD
Address: 2417 SANDY LANE
City-St-Zip: ORLANDO, FL US

Title: STD () Delete
Name: HOLMES, SALLY E
Address: 2417 SANDY LANE
City-St-Zip: ORLANDO, FL US

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SALLYE HOLMES

STD

09/06/2005

Electronic Signature of Signing Officer or Director

Date