

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000004436 (9)
1. Corporation Name
BREAKING THE SILENCE METROPOLITAN COMMUNITY CHURCH, INC.



Principal Place of Business Mailing Address
P.O. BOX 1585 COCOA FL 32923 P.O. BOX 1585 COCOA FL 32923-1585

3. Date Incorporated or Qualified 08/22/1996
3a. Date of Last Report

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

4. FEI Number 59-9490381 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
LEVIN, PENNY
1414 ROSE COURT
MELBOURNE FL 32935

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BEANE, LINDA L	
STREET ADDRESS	4735 N BANANA RIVER BLVD	
CITY - ST - ZIP	COCOA BEACH FL 32931	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	OSDRAS, MARK	
STREET ADDRESS	1619 CALVADO	
CITY - ST - ZIP	COCOA FL 32926	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WARGO, KAREN	
STREET ADDRESS	6543 PLEASANT AVE	
CITY - ST - ZIP	COCOA FL 32927	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ASH, KELLEE	
STREET ADDRESS	5125 FAN PALM AVE	
CITY - ST - ZIP	COCOA FL 32926	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V-D WARGO, KAREN
2.3 STREET ADDRESS	6543 PLEASANT AVE
2.4 CITY - ST - ZIP	COCOA FL 32927
3.1 TITLE	S-D
3.2 NAME	ASH, KELLEE
3.3 STREET ADDRESS	5125 FAN PALM AVE
3.4 CITY - ST - ZIP	COCOA FL 32926
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T-D ABERNATHY, DORI
4.3 STREET ADDRESS	2060 PORPOISE ST.
4.4 CITY - ST - ZIP	MERRITT ISLAND FL 32952
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 on an attachment with an address.

SIGNATURE: Rev. Linda L. Beane *Linda L. Beane* 4/22/97 407-983-3828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0019056

CR2E037 (9/96)