

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Aug 02, 1999 8:00 am**  
**Secretary of State**

08-02-1999 90012 001 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N97000004420**

1. Corporation Name

**AT YOUR SIDE YOKE BREAKING MINISTRY, INC.**

Principal Place of Business

10701 SW 216 ST., BAY 8  
GOULDS FL 33170

Mailing Address

10701 SW 216 ST., BAY 8  
GOULDS FL 33170



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	08/01/1997	
22	City & State	27	City & State	4. FEI Number <b>65-0806869</b> <b>APPLIED FOR</b>	
23	Zip	28	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24	Country	29	Country	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

**9. Name and Address of Current Registered Agent**

**EVERETT, GLADYS**  
11504 SW 226 ST.  
GOULDS FL 33170

**10. Name and Address of New Registered Agent**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	EVERETT, GLADYS	1.2 NAME	
STREET ADDRESS	11504 SW 226 ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	GOULDS FL 33170	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	
NAME	TUFF, LILY	2.2 NAME	<b>DS</b>
STREET ADDRESS	10361 SW 146 ST.	2.3 STREET ADDRESS	<b>15850 S.W. 108 PL.</b>
CITY-ST-ZIP	RICHMOND HEIGHTS FL 33176	2.4 CITY-ST-ZIP	<b>MIAMI, FLA. 33157</b>
TITLE	DT	3.1 TITLE	
NAME	SPEIGHTS, ANNIE	3.2 NAME	<b>Callie, Evelyn</b>
STREET ADDRESS	10875 SW 216 ST., #304	3.3 STREET ADDRESS	<b>14901 PINK STREET</b>
CITY-ST-ZIP	GOULDS FL 33170	3.4 CITY-ST-ZIP	<b>MIAMI, FLA. 33176</b>
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/25/99 305 251-8936**

CR2E037 (5/99)