

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90035 017 ****61.25

0076605

DOCUMENT # N98000000590

1. Corporation Name

BREAKTHROUGH CHRISTIAN MINISTRIES, INC.

Principal Place of Business

830 LEE RD.
ORLANDO FL 32810

Mailing Address

P.O. BOX 616053
ORLANDO FL 32861



2. Principal Place of Business

21 418 W. Church St.

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip Country

29 30

3. Date Incorporated or Qualified

01/30/1998

4. FEI Number

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

9. Name and Address of Current Registered Agent

WOODS, JAMES B
7207 JONQUIL DR.
ORLANDO FL 32818

10. Name and Address of New Registered Agent

81 Name James B. Woods

82 Street Address (P.O. Box Number is Not Acceptable)
431 1st St.

83

84 City Orlando FL

85 Zip Code 32824

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 D
NAME WOODS, JAMES B
STREET ADDRESS 7207 JONQUIL DR.
CITY-ST-ZIP ORLANDO FL 32818

TITLE D
NAME WOODS, MAMIE L
STREET ADDRESS 7207 JONQUIL DR.
CITY-ST-ZIP ORLANDO FL 32818

TITLE D
NAME WHITSON, ALICE
STREET ADDRESS 7207 JONQUIL DR.
CITY-ST-ZIP ORLANDO FL 32818

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Johnny Redding
1.2 NAME
1.3 STREET ADDRESS 431 1st St.
1.4 CITY-ST-ZIP Orlando, FL. 32824

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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: James B. Woods SIGNATURE REQUIRED 4-20-99 (407) 251-0350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)