

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).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N98000004209 ✓

1. Corporation Name

BROKEN BONDAGES, INC.

Principal Place of Business

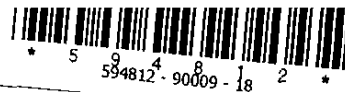
NEW BETHEL MISSIONARY BAPTIST CHURCH  
618 E. 10TH STREET  
SANFORD FL 32773

Mailing Address

82 TYSON COURT  
OVIEDO FL 32765

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

07-23-1999 90009 018 \*\*\*\*61.25



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/20/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3506053

Applied For -

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEAMON, LOVELY  
82 TYSON COURT  
OVIEDO FL 32765

81 Name

Lovely B. Williams

82 Street Address (P.O. Box Number is Not Acceptable)

Same

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME BEAMON, LOVELY  
STREET ADDRESS 82 TYSON COURT  
CITY-ST-ZIP OVIEDO FL 32765

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Lovely B. Williams

☒ Change ☐ Addition

TITLE V ☐ DELETE  
NAME GLENN, JEAN  
STREET ADDRESS 1101 E. 7TH STREET  
CITY-ST-ZIP SANFORD FL 32771

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

☐ Change ☐ Addition

TITLE STD ☐ DELETE  
NAME MEDLOCK, ADRIENE  
STREET ADDRESS P.O. BOX 934 N/A  
CITY-ST-ZIP SANFORD FL 32721

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

☐ Change ☐ Addition

TITLE D ☒ DELETE  
NAME HARKNESS, SAMMIE  
STREET ADDRESS 2450 BYRD STREET  
CITY-ST-ZIP SANFORD FL 32771

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

☐ Change ☐ Addition

TITLE D ☐ DELETE  
NAME HARREL, ROBERT  
STREET ADDRESS 1981 W. HYDE DRIVE  
CITY-ST-ZIP DELTONA FL 32738

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

☐ Change ☐ Addition

TITLE D ☐ DELETE  
NAME JONES, WILLIE  
STREET ADDRESS 9TH STREET  
CITY-ST-ZIP SANFORD FL 32771

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Lovely B. Williams  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/99

407-359-2302  
Daytime Phone #

CR2E037 (5/99)