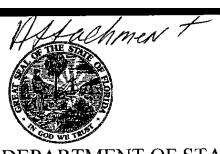
2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 28, 2002 8:00 am Secretary of State

DOC 1. Entity	CUMENT # N9800(0005899	* . *			07-28-2002 90	-	
BREA	ATH OF LIFE WORSHIP CENTI	ER INCORPORATED			•			
Principal	Place of Business	<u>*</u>						
329 A HW		Mailing Address		- 1				
	E FL 34753	10 Berry Ct. Mascotte FL 34753 US					-01-	
329		3. Mailing Address	<u> </u>					
MA	Apt. #, etc.	Suite, Apt. # Stc.	rry Ct	F		DO NOT WRITE IN THIS	S SPACE	
$\overline{}$	State 53	MYSOD	He, F/		4. FEI Number 5	9-3564341		Applied For
Zip = -	Country U-5A	- 34753	Country Y	+	5. Certificate of S		\$8.75 Fee Req	Not Applicat
	6. Name and Address of Curren	t Registered Agent	Name		7. Name and Ado	iress of New Registered	d Agent	
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WAKU, 10 BERI	CHRISTIAN RY CT		Street A	ddress (P.0	D. Box Number is I	Not Acceptable)		
	TTE FL 34753							
<u> </u>			City			FL	Zip C	ode
8. The abo	wa named antity subserve that the	or the eveness of the state	 _					
the oblid	rations of registered and this statement for	or the brithose of changing its	s registered office or	registered	agent or both in	the State of Florida I am	· · · · · · · · · · · · · · · · · · ·	
the obliq	ove named entity submits this statement figations of registered agent.	or the purpose of changing it.	s registered office or	registered	agent, or both, in	the State of Florida. I am	ı familiar wil	h, and accep
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	chulthand as	<u> </u>	Christine or E: Registered Agent signatur	an L	NACO	1	lamiliar wit	th, and accep
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	Signature, typed or printed name of registered agent After September 13, 2002,	t and title if applicable. (NOT	Christin E: Registered Agent signatur mpaign Financing	An (DA C	DATE Make Check	/ 8 /	2 2 e to
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12. 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 report or supplemental 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 changed, or on an attachment with an address, withfall other like empowered.



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

July 15, 2002

BREATH OF LIFE WORSHIP CENTER INCORPORATED 10 BERRY CT. MASCOTTE, FL 34753 US

Subject: BREATH OF LIFE WORSHIP CENTER INCORPORATED

Reference Number:

N98000005899

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please note the money amounts differ on the check. The numeric and written amounts must be the same. Please send a corrected check for the proper amount.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/JN ANNUAL REPORTS SECTION