


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90038 008 ****61.25

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| DOCUMENT # N98000005899 |  |
| 1. Entity Name BREATH OF LIFE WORSHIP CENTER INCORPORATED | |

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| Principal Place of Business 329 A HWY 50 MASCOTTE FL 34753 US | Mailing Address 10 BERRY CT. MASCOTTE FL 34753 US |
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| 2. Principal Place of Business 329 A Hwy 50 | 3. Mailing Address 10 Berry CT |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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| City & State Mascott FL | City & State Mascotte FL |
| Zip 34753 | Zip 34753 |
| Country USA | Country USA |

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| 4. FEI Number 59-3564341 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent WARD, CHRISTIAN 10 BERRY CT. MASCOTTE FL 34753 | |
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| 7. Name and Address of New Registered Agent Name Christian Ward Street Address (P.O. Box Number is Not Acceptable) 10 Berry CT City Mascotte FL Zip Code 34753 | |
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | |
| SIGNATURE Christian Ward (Pastor) & Nathan Ward | DATE 3/27/05 |

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| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WARD, CHRISTIAN 10 BERRY CT. MASCOTTE FL 34753 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST GREEN, BETTY P.O. BOX 120764 CLERMONT FL 34712 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | JRP WARD, PAMELA 10 BERRY CT. MASCOTTE FL 34753 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GREEN, BOBBY P.O. BOX 120764 CLERMONT FL 34712 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MENTON, DOROTHY 1223 PAMELA ST LEESBURG FL 34748 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HOLIDAY, SHANTCA 1105 KRISTEN APT #1 LEESBURG FL 34748 <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Trustee Gwendolyn Fuller P.O. Box 171313 Winter Garden, FL 34787 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | |
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| SIGNATURE: Christian Ward (Pastor) & Nathan Ward | DATE 3/27/05 | DAYTIME PHONE # 352-429-9267 |
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