# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Mar 06, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # N98000005899

1. Entity Name

BREATH OF LIFE WORSHIP CENTER INCORPORATED

| Principal Place of Business | Mailing Address |
|---|---|
| 329 A HWY 5D<br>MASCOTTE FL 34753<br>US | 10 BERRY CT.<br>MASCOTTE FL 34753<br>US |

1st MOORE CR2E037 (10/05)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 59-3564341 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| WARD, CHRISTIAN<br>10 BERRY CT.<br>MASCOTTE FL 34753 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE | P | ☐ Delete | TITLE | ☐ Change ☐ Add |
| NAME | WARD, CHRISTIAN | | NAME | |
| STREET ADDRESS | 10 BERRY CT. | | STREET ADDRESS | |
| CITY-ST-ZIP | MASCOTTE FL 34753 | | CITY-ST-ZIP | |
| TITLE | ST | ☐ Delete | TITLE | ☐ Change ☐ Add |
| NAME | GREEN, BETTY | | NAME | |
| STREET ADDRESS | P.O. BOX 120764 | | STREET ADDRESS | |
| CITY-ST-ZIP | CLERMONT FL 34712 | | CITY-ST-ZIP | |
| TITLE | JRP | ☐ Delete | TITLE | ☐ Change ☐ Add |
| NAME | WARD, PAMELA | | NAME | |
| STREET ADDRESS | 10 BERRY CT. | | STREET ADDRESS | |
| CITY-ST-ZIP | MASCOTTE FL 34753 | | CITY-ST-ZIP | |
| TITLE | T | ☐ Delete | TITLE | ☐ Change ☐ Add |
| NAME | FULLER, GWENDOLYN | | NAME | |
| STREET ADDRESS | P.O. BOX 1771313 | | STREET ADDRESS | |
| CITY-ST-ZIP | WINTER GARDEN FL 34787 | | CITY-ST-ZIP | |
| TITLE | D | ☐ Delete | TITLE | ☐ Change ☐ Add |
| NAME | MENTON, DOROTHY | | NAME | |
| STREET ADDRESS | 1223 PAMELA ST | | STREET ADDRESS | |
| CITY-ST-ZIP | LEESBURG FL 34748 | | CITY-ST-ZIP | |
| TITLE | T | ☐ Delete | TITLE | ☐ Change ☐ Add |
| NAME | HOLIDAY, SHANTCA | | NAME | |
| STREET ADDRESS | 1105 KRISTEN APT #1 | | STREET ADDRESS | |
| CITY-ST-ZIP | LEESBURG FL 34748 | | CITY-ST-ZIP | |

000000456463
03/16/06 00030-023 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

SIGNATURE Christian Ward 3/6