


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90049 048 ****61.25

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

Principal Place of Business 329 A HWY 50 MASCOTTE, FL 34753 US	Mailing Address 10 BERRY CT. MASCOTTE, FL 34753 US
--	--

2. Principal Place of Business - No P.O. Box # 10 Berry CT	3. Mailing Address Suite, Apt. #, etc.
--	---

City & State Mascotte, FL	City & State
Zip 34753	Country US

6. Name and Address of Current Registered Agent WARD, CHRISTIAN 10 BERRY CT. MASCOTTE, FL 34753	
---	--



02232008 Chg-NP CR2E037 (12/08)

4. FEI Number 59-3564341	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 Christian Ward (Pastor) <i>Christian Ward</i> 3/6/08 Signature, typed or printed name of registered agent and date applicable. (NOTE: Registered Agent signature required when reinstating) DATE
---	---

Filing Fee is \$81.25 Due by May 1, 2008	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
---	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FULLER, GWENDOLYN P.O. BOX 1771313 WINTER GARDEN, FL 34787 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLIDAY, SHANTCA 1105 KRISTEN APT #1 LEESBURG, FL 34748 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 647, 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 (Pastor) <i>Christian Ward</i> 3/6/08 (352 4299267) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	