

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005899

FILED
Mar 30, 2009
Secretary of State

Entity Name: BREATH OF LIFE WORSHIP CENTER INCORPORATED

Current Principal Place of Business:

10 BERRY CT
MASCOTTE, FL 34753 US

New Principal Place of Business:

Current Mailing Address:

10 BERRY CT.
MASCOTTE, FL 34753 US

New Mailing Address:

FEI Number: 59-3564341

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARD, CHRISTIAN
10 BERRY CT.
MASCOTTE, FL 34753 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WARD, CHRISTIAN
Address: 10 BERRY CT.
City-St-Zip: MASCOTTE, FL 34753

Title: ST () Delete
Name: GREEN, BETTY
Address: P.O. BOX 120764
City-St-Zip: CLERMONT, FL 34712

Title: JRP () Delete
Name: WARD, PAMELA
Address: 10 BERRY CT.
City-St-Zip: MASCOTTE, FL 34753

Title: T () Delete
Name: FULLER, GWENDOLYN
Address: P.O. BOX 1771313
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: MENTON, DOROTHY
Address: 1223 PAMELA ST
City-St-Zip: LEESBURG, FL 34748

Title: T () Delete
Name: HOLIDAY, SHANTCA
Address: 1105 KRISTEN APT #1
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTIAN WARD

P

03/30/2009

Electronic Signature of Signing Officer or Director

Date