

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001246

FILED  
May 05, 2005  
Secretary of State

**Entity Name:** REPAIRER OF THE BREACH CITY OF HOPE MINISTRIES, INC.

**Current Principal Place of Business:**

9497 LEM TURNER RD  
JACKSONVILLE, FL 32208

**New Principal Place of Business:**

**Current Mailing Address:**

7819 AUSTIN ROAD  
JACKSONVILLE, FL 32244

**New Mailing Address:**

P.O. BOX 44967  
JACKSONVILLE, FL 32222

**FEI Number:** 59-3401039      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LATHERS, LINDA  
7819 AUSTIN RD.  
JACKSONVILLE, FL 32244      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: PD      ( ) Delete  
Name: LATHERS, LINDA  
Address: 7819 AUSTIN RD.  
City-St-Zip: JACKSONVILLE, FL 32244

Title: VPD      ( ) Delete  
Name: THOMPSON, LUCIOUS  
Address: 7819 AUSTIN RD.  
City-St-Zip: JACKSONVILLE, FL 32244

Title: SD      ( ) Delete  
Name: LAWSON, ERNESTINE  
Address: 7880 LANCIA ST  
City-St-Zip: JACKSONVILLE, FL 32244

Title: T      ( ) Delete  
Name: LAWSON, JOHN  
Address: 7880 LANCIA ST  
City-St-Zip: JACKSONVILLE, FL 32244

Title: TD      (X) Delete  
Name: LATHERS, TONY I  
Address: 7819 AUSTIN RD  
City-St-Zip: JACKSONVILLE, FL 32244

Title: AD      (X) Delete  
Name: BAZZELL, IRA C  
Address: 1531 W. 27TH ST.  
City-St-Zip: JACKSONVILLE, FL 32209 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VPD      (X) Change ( ) Addition  
Name: LATHERS, TONY I SR.  
Address: P.O. BOX 441745  
City-St-Zip: JACKSONVILLE, FL 32222

Title: TR/D      (X) Change ( ) Addition  
Name: DICKEY, WANDA L  
Address: 3547 POINSETTA ST.  
City-St-Zip: JACKSONVILLE, FL 32254

Title: A/D      (X) Change ( ) Addition  
Name: BAZZELL, IRA C  
Address: 4455 CONFEDERATE POINT RD. APT. 19B  
City-St-Zip: JACKSONVILLE, FL 32210

Title:      ( ) Change ( ) Addition  
Name:  
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 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 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: LINDA LATHERS

P/D

05/05/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date