

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 04, 2001 08:00 AM**
Secretary of State**DOCUMENT # N99000004448****1. Entity Name**
BREAKTHROUGH CHRISTIAN CENTER, INC.**Principal Place of Business**
1940 49TH ST. S.
ST. PETERSBURG FL
Mailing Address
P.O. BOX 10991
ST. PETERSBURG FL 33733
US**2. Principal Place of Business**
3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
☒ Applied For
☒ Not Applicable**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentMILLER NORMA
5214-15TH AVE S
GULFPORT FL
33707 US**7. Name and Address of New Registered Agent**Name
Street Address (P.O. Box Number is Not Acceptable)
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.****SIGNATURE NORMA MILLER****09/04/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing**
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees****Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	MILLER GLENN	
STREET ADDRESS	5214-15TH AVE S	
CITY-ST-ZIP	GULFPORT FL 33733	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MILLER GLENN	
STREET ADDRESS	5214-15TH AVE S	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MILLER NORMA	
STREET ADDRESS	5214-15TH AVE S	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Norma Miller ST 09/04/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Filing Fee #

CR2E037 (11/00)