

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 10, 2002 8:00 am
Secretary of State

09-10-2002 90229 030 ****70.00

DOCUMENT # N99000004448

1. Entity Name

Breakthrough Christian Center, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1940 49th Street

3. Mailing Address

P.O. Box 10991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

4. FEI Number 03-0394140

Applied For
Not Applicable

Zip
33705

Country
USA

Zip
33733

Country
USA

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Norma Miller

Street Address (P.O. Box Number is Not Acceptable)

5214 15th Ave. S.

City St. Petersburg

FL Zip Code
33707

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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 NAME STREET ADDRESS CITY - ST - ZIP	Norma Miller - ST 5214 15th Ave. S. Gulfport, FL 33707	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Glenn Miller - PD 5214 15th Ave. S. Gulfport, FL 33707	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E0378 (12/01)