

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000004448

**FILED**  
**Oct 05, 2006**  
**Secretary of State**

**Entity Name:** BREAKTHROUGH CHRISTIAN CENTER, INC.

**Current Principal Place of Business:**

2900 34TH STREET SOUTH  
ST. PETERSBURG, FL

**New Principal Place of Business:**

4371-34TH STREET SOUTH  
ST. PETERSBURG, FL 33711

**Current Mailing Address:**

P.O. BOX 10991  
ST. PETERSBURG, FL 33733 US

**New Mailing Address:**

**FEI Number:** 03-0394140      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

MILLER, NORMA  
5214-15TH AVE S  
GULFPORT, FL 33707 US

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

MILLER, NORMA  
5030 ARAGON WAY S.  
ST. PETERSBURG, FL 33705 US

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

10/05/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: ST ( ) Delete  
Name: MILLER, NORMA  
Address: 5214-15TH AVE S  
City-St-Zip: GULFPORT, FL 33707

Title: PD ( ) Delete  
Name: MILLER, GLENN  
Address: 5214-15TH AVE S  
City-St-Zip: GULFPORT, FL 33707

Title: PD ( ) Delete  
Name: MILLER, GLENN  
Address: 5214-15TH AVE S  
City-St-Zip: GULFPORT, FL 33733

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

Title: PD (X) Change ( ) Addition  
Name: MILLER, NORMA  
Address: 5030 ARAGON WAY S.  
City-St-Zip: ST. PETERSBURG, FL 33705

Title: ST (X) Change ( ) Addition  
Name: ZELLNER, NICKY  
Address: 5030 ARAGON WAY S.  
City-St-Zip: ST. PETERSBURG, FL 33705

Title: BM (X) Change ( ) Addition  
Name: JACKSON, LULA  
Address: 5030 ARAGON WAY S.  
City-St-Zip: ST. PETERSBURG, FL 33705

I hereby certify that the information supplied with this filing does not qualify for the 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: NORMA MILLER

PD

10/05/2006

Electronic Signature of Signing Officer or Director

Date