

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90830 017 \*\*\*\*61.25

10/02

**DOCUMENT # N99000004448**

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



Principal Place of Business

**1940 49TH ST.  
ST. PETERSBURG FL**

Mailing Address

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

2. Principal Place of Business

**2900 34th St. S.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**St. Petersburg, FL**

City & State

4. FEI Number **03-0394140**

Applied For  
Not Applicable

Zip

Country

**33711**

**U.S.A.**

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST MILLER, NORMA 5214-15TH AVE S GULFPORT FL 33707</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MILLER, GLENN 5214-15TH AVE S GULFPORT FL 33707</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

*Signature Required*

**4-28-03 727-867-4600**

CR2E037 (10/02)