2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000069270

Entity Name: BREAKING THE SILENCE JACKSONVILLE, INC.

FILED Apr 13, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
6320 GROV JACKSONV	E STREET (ILLE, FL 32219			
Current Mailing Address:		New Mailing Address:		
13528 ASHFORD WOOD COURT, WEST JACKSONVILLE, FL 32218				
FEI Number:	FEI Number Applied For (X)	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name a		Name and Address	of New Registered Agent:	
WILLIAMS, DR. SIRRETTA L 13528 ASHFORD WOOD COURT, WEST JACKSONVILLE, FL 32218 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:				
Flection Cam	Electronic Signature of Registered Agent paign Financing Trust Fund Contribution ().		Date	
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P () Delete WILLIAMS, DR. SIRRETTA L 13528 ASHFORD WOOD COURT, WEST JACKSONVILLE, FL 32218	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete COLES, LAVERANUES 87 COLES COURT ST. AUGUSTINE, FL 32084	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () Delete WAKEFIELD, BARBARA 10935 WINGATE ROAD JACKSONVILLE, FL 32218	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () Delete DAVIS, CARISSA D 2197 ARMSDALE ROAD JACKSONVILLE, FL 32218	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete AUSTIN, FELICIA C 502 LONG PINE DRIVE TALLAHASSEE, FL 32305	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete WYNN, RENALDO 7238 RAMOTH DRIVE JACKSONVILLE, FL 32226	Title: D Name: WYNN, RE Address: 9504 EMPI City-St-Zip: LAS VEGA:		

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIRRETTA WILLIAMS P 04/13/2009