

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000002599

**Entity Name:** BREAKTHROUGH DELIVERANCE AND HEALING PRAYER  
MINISTRIES, INC.

**FILED**  
**Mar 10, 2015**  
**Secretary of State**  
**CC0595169559**

**Current Principal Place of Business:**

1915 NW 171 STREET  
MIAMI GARDENS, FL 33056

**Current Mailing Address:**

1915 NW 171 STREET  
MIAMI GARDENS, FL 33056 US

**FEI Number: 20-0854953**

**Certificate of Status Desired: Yes**

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

BROWN, E GAIL  
1915 NW 171 STREET  
MIAMI GARDENS, FL 33056 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BROWN, DR EDDIELENE G PHD  
Address        1915 NW 171 STREET  
City-State-Zip: MIAMI GARDENS FL 33056

Title            SECRETARY  
Name            REYNOLDS, MARGARET M  
Address        1069 NW 38TH STREET  
City-State-Zip: MIAMI FL 33127

Title            TREASURER  
Name            BROWN, ERNEST S  
Address        1915 NW 171 STREET  
City-State-Zip: MIAMI GARDENS FL 33056

*I hereby 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 all other like empowered.*

**SIGNATURE: BROWN , DR EDDIELENE G , PHD**

**PRESIDENT & FOUNDER    03/10/2015**

Electronic Signature of Signing Officer/Director Detail

Date