

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000006289

**FILED**  
**Jan 09, 2013**  
**Secretary of State**  
**CC7678384963**

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

**Current Principal Place of Business:**

1560 SW 87TH TERR  
PEMBROKE PINES, FL 33025

**Current Mailing Address:**

1560 SW 87TH TERRACE  
PEMBROKE PINES, FL 33025

**FEI Number: 59-3811271**

**Certificate of Status Desired: No**

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

KNOWLES, BURLEY  
1560 SW 87TH TERRACE  
PEMBROKE PINES, FL 33025 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 P  
Name KNOWLES, BURLEY  
Address 1560 SW 87TH TERRACE  
City-State-Zip: PEMBROKE PINES FL 33025

Title S  
Name NOEL, NEKEISHA  
Address 2335 NW 88 ST  
City-State-Zip: MIAMI, FL 33125

Title T  
Name LECONTE, LARISSA  
Address 16945 NW 28 AVE  
City-State-Zip: MIAMI GARDENS FL 33056

Title VP  
Name KNOWLES, LINDA PVP  
Address 1560 SW 87 TERR  
City-State-Zip: PEMBROKE,PINES FL 33025

*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: BURLEY R KNOWLES**

**PRESIDENT**

**01/09/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date