

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005471

Entity Name: BROKEN BUT BEAUTIFUL MINISTRIES, INC.**Current Principal Place of Business:**13129 SHERMAN DR.
HUDSON, FL 34667**Current Mailing Address:**13129 SHERMAN DR.
HUDSON, FL 34667 US**FEI Number:** 61-1568184**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KOLB, DANIEL M
13129 SHERMAN DR
HUDSON, FL 34667 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	KOLB, DAN M
Address	13129 SHERMAN DR
City-State-Zip:	HUDSON FL 34667

Title	T
Name	FAVATA, MARY
Address	8010 SR 52 APT 309
City-State-Zip:	HUDSON FL 34667

Title	D
Name	HOPE, ROBERT H
Address	8322 BRENTWOOD ST
City-State-Zip:	WEEKI WACHEE FL 34613

Title	VP
Name	KOLB, JULIE A
Address	13129 SHERMAN DR
City-State-Zip:	HUDSON FL 34667

Title	S
Name	KOLB, JULIE A
Address	13129 SHERMAN DR
City-State-Zip:	HUDSON FL 34667

Title	D
Name	RICHE, JAKE
Address	7525 TYSON DR
City-State-Zip:	PORT RICHEY FL 34668

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: JULIE A. KOLB

V. PRESIDENT

02/21/2013

Electronic Signature of Signing Officer/Director Detail_____
Date