

2015 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	S
Name	KOLB, JULIE A
Address	13129 SHERMAN DR
City-State-Zip:	HUDSON FL 34667

Title	T
Name	CASSARA, FRANK
Address	9391 BRADY ST
City-State-Zip:	SPRING HILL FL 34608

Title	DIRECTOR
Name	HEKHUIS, JERRY
Address	7500 LILLY PAD CT.
City-State-Zip:	HUDSON FL 34667

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

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

Title	DIRECTOR
Name	LORD, LEONARD
Address	9525 SUNBEAM DR
City-State-Zip:	NEW PORT RICHEY FL 34654

Title	DIRECTOR
Name	MACGREGOR, SLAYDEN L
Address	6052 VALLEY SPRING DR
City-State-Zip:	BROOKSVILLE FL 34601

Continues on page 2

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: DAN M. KOLB**PRESIDENT****03/12/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	BAINES , STAN
Address	13243 SIAM DR
City-State-Zip:	SPRING HILL FL 34609