

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18069

Entity Name: BREATH OF LIFE DELIVERANCE MINISTRIES, INCORPORATED

Current Principal Place of Business:

6193 NW 183RD STREET
#174134
MIAMI, FL 33017

Current Mailing Address:

6193 NW 183RD STREET
#174134
MIAMI, FL 33017 US

FEI Number: 59-2737562

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CHANEY, KYMBERLY
6193 NW 183RD STREET
#174134
MIAMI, FL 33017 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: KYMBERLY CHANEY

04/30/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CHANEY, KYMBERLY
Address 6193 NW 183RD STREET
 #174134
City-State-Zip: MIAMI FL 33017

Title OFFICER
Name NURSE, KALIA
Address 5719 NW 74TH AVENUE
City-State-Zip: TAMARAC FL 33321

Title DEACON
Name MOBLEY, JAMES
Address 5210 NW 180TH TERRACE
City-State-Zip: MIAMI FL 33055

Title OFFICER
Name CORLEY, CHEVARLYN
Address 1644 AURORA RIDGE DRIVE
City-State-Zip: ZELLWOOD FL 32798

Title OFFICER
Name MOBLEY, JUANTONJA
Address 3355 NW 195TH TERRACE
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: KYMBERLY CHANEY

REGISTERED AGENT

04/30/2024

Electronic Signature of Signing Officer/Director Detail

Date