

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23000009285

Entity Name: AMCT BREATH OF LIFE YOUTH PROGRAM INC.

Current Principal Place of Business:

1747 NW 3 AVE
MIAMI FL, FL 33136

Current Mailing Address:

PO BOX 12477
MIAMI FL, FL 33101 US

FEI Number: 93-2740856

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AM COHEN TEMPLE CHURCH OF GOD IN CHRIST
1747 NW 3 AVE
MIAMI, FL 33136 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	CEO	Title	COO
Name	COHEN, QUINCY	Name	COHEN, SHELIA SHELIA
Address	1747 NW 3 AVE	Address	3120 NW 48 TERRACE
City-State-Zip:	MIAMI FL 33136	City-State-Zip:	MIAMI FL 33142

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: SHELIA P. COHEN

DIRECTOR

03/25/2025

Electronic Signature of Signing Officer/Director Detail

Date