

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 29, 2001 8:00 am**  
**Secretary of State**

08-29-2001 90013 024 \*\*\*\*70.00

**DOCUMENT # N00000003581**

1. Entity Name

**TRUE BREAD CHRISTIAN ACADEMY, INC.**

Principal Place of Business

5250 S W 40TH AVENUE  
 HOLLYWOOD FL 33314

Mailing Address

5250 S W 40TH AVENUE  
 HOLLYWOOD FL 33314

2. Principal Place of Business

2510 N 60 Ave

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Hollywood, Fla

City & State

City & State

4. FEI Number

65-1069412

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

33082

Country

USA

Zip

Country

6. Name and Address of Current Registered Agent

**BRANKER, VICTORIA**  
 7280 N W 20TH COURT  
 SUNRISE FL 33313

7. Name and Address of New Registered Agent

Name: **Victoria Branker**  
 Street Address (P.O. Box Number is Not Acceptable): **3821 W State Rd 84**  
 City: **FL Ft Lauderdale** Zip Code: **33314**

8. 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: *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>D</b> <b>BRANKER, VICTORIA</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>7280 N W 20TH COURT</b>	
CITY-ST-ZIP	<b>SUNRISE FL 33313</b>	
TITLE NAME	<b>D</b> <b>BRANKER, CARL</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>7280 N W 20TH COURT</b>	
CITY-ST-ZIP	<b>SUNRISE FL 33313</b>	
TITLE NAME	<b>D</b> <b>HOLDER, MERLE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>6520 N W 1ST PLACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33150</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	<b>President</b> <b>Victoria Branker</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>3821 W. STATE RD 84</b>	
CITY-ST-ZIP	<b>Ft Lauderdale, FL 33314</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Victoria Branker (President)* 8/3/01



DO NOT WRITE IN THIS SPACE

CP2E037 (5/01)