

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90360 050 ***158.78

DOCUMENT # NO00000003581
1. Entity Name
TRUE BREAD CHRISTIAN ACADEMY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>2510 N 60 Ave</u> Suite, Apt. #, etc.		3. Mailing Address <u>P.O. Box 5826</u> Suite, Apt. #, etc.	
City & State <u>Hollywood, Fla.</u>		City & State <u>Hollywood, Fla</u>	
Zip <u>33023</u>	Country <u>USA</u>	Zip <u>33083</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-1069412</u>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>Carlton Branker</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>3107 W Hallandale #101A</u>	
City <u>Pembroke Pine</u>	Zip Code <u>FL 33009</u>

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 Carlton Branker Carlton Branker 3/13/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PD</u> <u>VICTORIA Branker</u> <u>120 Glenn PKWY</u> <u>Hollywood, FL 33023</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VD</u> <u>Carl Branker</u> <u>120 Glenn PKWY</u> <u>Hollywood, FL 33023</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>STD</u> <u>Merle MARCAO</u> <u>6520 NW 1st Place</u> <u>MIAMI, FL 33150</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Victoria Branker 3/13/02 954-963-1717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #