

FILE NOW: FILING FEE IS \$61.25

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**Feb 01, 1999 8:00am**  
**Secretary of State**

02-01-1999 90036 028 \*\*\*\*\*61.25



**NONPROFIT CORPORATION ANNUAL REPORT 1999**

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N97000004490**

1. Corporation Name  
**BREAD OF LIFE HOO MINISTRIES, INC.**

Principal Place of Business: 1010 WEST SECOND STREET RIVIERA BEACH FL 33404  
 Mailing Address: 1010 WEST SECOND STREET RIVIERA BEACH FL 33404



|                                |      |                     |    |   |  |
|--------------------------------|------|---------------------|----|---|--|
| 2. Principal Place of Business |      | 2a. Mailing Address |    | 3. Date Incorporated or Qualified   |  |
| 21                             | Same | 26                  |    | 08/07/1997  |  |
| Suite, Apt. #, etc.            |      | Suite, Apt. #, etc. |    | 4. FEI Number   |  |
| 22                             |      | 27                  |    | 65-0772982  |  |
| City & State                   |      | City & State        |    | 5. Certificate of Status Desired <input type="checkbox"/>                       |  |
| 23                             |      | 28                  |    | \$8.75 Additional Fee Required  |  |
| Zip Country                    |      | Zip Country         |    | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |  |
| 24                             | 25   | 29                  | 30 | \$5.00 May Be Added to Fees   |  |

|  |  |  |  |  |  |    |    |
|--|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent                      |  |  |  | 10. Name and Address of New Registered Agent |  |    |    |
| POWELL, SHIRLEY<br>1010 WEST SECOND STREET<br>RIVIERA BEACH FL 33404 |  |  |  | 81   | Name   |    |    |
|  |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |    |    |
|  |  |  |  | 83   |  |    |    |
|  |  |  |  | 84   | City   | FL | 85 |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-----------------------------------|---|---|
| TITLE                      | D <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | POWELL, SHIRLEY                   | 1.2 NAME  |   |
| STREET ADDRESS             | 1010 WEST SECOND STREET           | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | RIVIERA BEACH FL 33404            | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | POWELL, WILL                      | 2.2 NAME  |   |
| STREET ADDRESS             | 452 DATE PALM DRIVE               | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | LAKE PARK FL 33403                | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FICKLIN, LULA                     | 3.2 NAME  |   |
| STREET ADDRESS             | 1010 WEST SECOND STREET           | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | RIVIERA BEACH FL 33404            | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GUSSIE, LAWRENCE                  | 4.2 NAME  |   |
| STREET ADDRESS             | 717 W. KALMIA                     | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | LAKE PARK FL 33403                | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HICKS, ALPHONSO                   | 5.2 NAME  |   |
| STREET ADDRESS             | 3349 AUBURN RD                    | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | FT. LAUDERDALE FL 33312           | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MILTON, MIRIAM                    | 6.2 NAME  |   |
| STREET ADDRESS             | 5353 STACY ROAD                   | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | WEST PALM BEACH FL 33417          | 6.4 CITY-ST-ZIP                                       |   |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: *Shirley Powell* 1/15/99 561-842-6165  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)