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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 1010 WEST SECOND STREET 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)