

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91419 042 ****61.25

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DOCUMENT # N97000004490

1. Entity 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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

POWELL, SHIRLEY
1010 WEST SECOND STREET
RIVIERA BEACH FL 33404

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	POWELL, SHIRLEY
STREET ADDRESS	1010 WEST SECOND STREET
CITY-ST-ZIP	RIVIERA BEACH FL 33404
TITLE	D <input type="checkbox"/> Delete
NAME	POWELL, WILL
STREET ADDRESS	452 DATE PALM DRIVE
CITY-ST-ZIP	LAKE PARK FL 33403
TITLE	D <input type="checkbox"/> Delete
NAME	FICKLIN, LULA
STREET ADDRESS	1010 WEST SECOND STREET
CITY-ST-ZIP	RIVIERA BEACH FL 33404
TITLE	D <input type="checkbox"/> Delete
NAME	GUSSIE, LAWRENCE
STREET ADDRESS	717 W. KALMIA
CITY-ST-ZIP	LAKE PARK FL 33403
TITLE	D <input type="checkbox"/> Delete
NAME	HICKS, ALPHONSO
STREET ADDRESS	3349 AUBURN RD
CITY-ST-ZIP	FT. LAUDERDALE FL 33312
TITLE	D <input type="checkbox"/> Delete
NAME	MILTON, MIRIAM
STREET ADDRESS	5353 STACY ROAD
CITY-ST-ZIP	WEST PALM BEACH FL 33417

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shirley White
STREET ADDRESS	1010 W. 2nd Street
CITY-ST-ZIP	Riviera Bch., FL 33404
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: Shirley White **4/25/03** **561-844-3916**

CR2E037 (10/02)