FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:53

DOCUMENT # N48966 (8)

1. Corporation Name
BREAD OF LIFE FELLOWSHIP, INC.

Principal Place of Business	Mailing Address
6880 SILVER STAR RD ORLANDO FL 32818	6880 SILVER STAR RD ORLANDO FL 32818

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/19/1992
3a. Date of Last Report: 07/12/1994
4. FEI Number: 59-3166797 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 6880 SILVER STAR RD 22 Suite, Apt. #, etc. 23 City & State: ORLANDO FL 24 Zip: 32818 25 County: ORANGE	2a. Mailing Address 26 (SAME) 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ NO

9. Name and Address of Current Registered Agent

ANTHONY, MARK
6880 SILVER STAR RD
ORLANDO FL 32818

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE [signature] 4/24/95
Signature required of printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D DIRECTOR ☐ Change ☐ Addition
NAME	LANE, CLYDE E., JR.	12 NAME	A.L. Hellman
STREET ADDRESS	5467 VANGE AVE	13 STREET ADDRESS	7124 LAUREL HILL RD
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	ORLANDO FL 32818
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	ANTHONY, MARK	22 NAME	
STREET ADDRESS	1508 FULLER CROSS RD	23 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	ANTHONY, RUTH A.	32 NAME	
STREET ADDRESS	1508 FULLER CROSS RD	33 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	REMITTED BY MAY 1
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] MARK ANTHONY 4/24/95 407 294-4704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004564