## FILE NOW: FILING FEE IS \$61.25

SIGNATURE AND WPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**NONPROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

N48966

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BREA	D OF LIFE FELLOWSHIP, IN	IC.							:
Principal Plac	e of Business	Mailing Address	<del></del>				, <b>e</b> irig <b>e</b> iri (1811 i	JARN BURN BUR	#
6880 SILVER ORLANOD F US		6880 SILVER STAR R ORLANDO FL 32818	6880 SILVER STAR RD ORLANDO FL 32818						
						<ol> <li>Date Incorporated or Qualifit</li> <li>05/19/1992</li> </ol>	ed 3a. i	Date of Last 05/01/1	•
2. Principal F	Place of Business .	2a. Mailing Address				4. FEI Number			Applied For
Suite, Apt.	of Wis Coming Evans					59-3166797			Not Applicable
22 6860	Silver Star Ro	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required
Oity & Stal 23		City & State				Election Campaign Financing     Trust Fund Contribution	g 🗀	\$5.0	DO May Be
Zip	Country	Zip	Count	ry		This corporation has liability			ed to Fees
24 32	818 25 Drange	29	30		1	Florida Statutes	Tor intangible  Yes [		. 199.032,
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of Ne			
			8	1 Name			<del></del>	<del></del>	
	NY, MARK		8	2 Street	1 Address	(P.O. Box Number is Not Accep	ntable)		
6880 SILVER STAR RD							reaction		
ORLAND	OO FL 32818		В	3					
			8	4 City				00 7	o Cada
11 Purcuent	to the provinces of Costings C17 0500	1017.1500		1 1			FL		ip Code
or register familiar wi	to the provisions of Sections 617.0502 red agent, or both, in the State of Flori fth, and accept the obligations of, Sect	: and 617.1508, Florida Statu da. Such change was authori ion 617.0503, Florida Statute	ites, the above zed by the cor is.	named or poration's	orporations board o	on submits this statement for the of directors. I hereby accept the a	purpose of chappointment a	anging its r s registered	registered office d agent. I am
SIGNATURE									
12.	Signature typed or printed name of registered agent		OTE: Registered Ag	ent signature	requireo who		DATE		
TOTLE	OFFICERS AN	D DIRECTORS    DELETE	13.			ADDITIONS/CHANGES TO C	FFICERS AN	D DIRECTO	DRS IN 12
NAME	D H <del>wiligan</del> , a l		1.1 TITLE		14. 6	Holliana		☐ Change	Addition Addition
STREET ADDRESS	7121 LAUREL HILL RD		1.2 NAME		1.3	i. Helligar I Laurei Hill @	, .	Mane	. Correction
CITY-ST-ZIP	ORLANDO FL			T ADDRESS	712	I CAUTEL HILL K	. D		
TITLE	D	DELETE	1.4 CITY - 2.1 TITLE	ST-ZIP	OR	L 41			
NAME	ANTHONY, MARK		2.1 HILE 2.2 NAME					Change	☐ Addition
STREET ADDRESS	1508 FULLER CROSS RD								
CITY-ST-ZIP	WINTER GARDEN FL			T ADDRESS					
TITLE	D	DELETE	2 4 C(TY- 3.1 TITLE	21-7IF	<del> </del>				
NAME	ANTHONY, RUTH A.	_	3 2 NAME					Change	☐ Addition
STREET ADDRESS	1508 FULLER CROSS RD			1 ADDRESS	ĺ				
CITY-ST-ZIP	WINTER GARDEN FL		3.4. CITY-		!				
TITLE		DELETE	4.1 TITLE	0. 2.,		<del></del>		Change	☐ Addition
NAME			4. 2 NAME				'		E. Addition
STREET ADDRESS			4.3 STREE	T ADDRESS	1				
CITY-ST-ZIP			4.4 CITY-5		}				
TITLE		DELETE	51 THTLE					Change	Addition
NAME			5.2 NAME				•	_ •	
STREET ADDRESS			5 3 STREET	RESPORA					j
CITY-ST-ZIP			5.4 CITY - 9	ST-ZIP					
ITLE		DELETE	6 1 THTLE	7				Change	☐ Addition
VAME	•		6.2 NAME						ļ
STREET ADDRESS			6 3 STREET	ADDRESS					
ITY-ST-ZIP	certify that the information supplied	ith thic files is set at a 3	6.4 CITY-S						
certify that oath; that I	certify that the information supplied with the information indicated on this annual am an officer or director of the corporate in the corporat	at report or supplemental annuation of the receiver or trustee	isi ied and doe ual report is tru e empowered i	s not qua le and aci to execute	illy for the curate an e this ren	e exemption stated in Section 11 of that my signature shall have the	9.07(3)(k), Floride Same legal	rida Statute effect as if r	s. I further made under