

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48966

1. Entity Name

BREAD OF LIFE FELLOWSHIP, INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90042 040 \*\*\*\*70.00

Principal Place of Business

Mailing Address

6864 SILVER STAR RD  
ORLANDO FL 32818  
US

6864 SILVER STAR RD  
ORLANDO FL 32818-3193  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1508 FULLERS CROSS RD  
Suite, Apt. #, etc.  
WINTER GARDEN FL

1508 FULLERS CROSS RD  
Suite, Apt. #, etc.  
WINTER GARDEN FL

City & State

City & State

WINTER GARDEN FL

WINTER GARDEN FL

Zip

Country

Zip

Country

34787

ORANGE

34787

ORANGE

4. FEI Number

59-3166797

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANTHONY, MARK  
1508 FULLERS CROSS RD  
WINTER GARDEN FL 34787

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete  
NAME A. L. HELLIGAR  
STREET ADDRESS 7121 LAUREL HILL RD  
CITY-ST-ZIP ORLANDO FL

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME Joe Hembrooke  
STREET ADDRESS 2188 ALCOBE C  
CITY-ST-ZIP OCALA FL 34761

TITLE D ☐ Delete  
NAME ANTHONY, MARK  
STREET ADDRESS 1508 FULLER CROSS RD  
CITY-ST-ZIP WINTER GARDEN FL

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME CHESTA HEMBROOKE  
STREET ADDRESS 2188 ALCOBE C  
CITY-ST-ZIP OCALA FL 34761

TITLE D ☐ Delete  
NAME ANTHONY, RUTH A.  
STREET ADDRESS 1508 FULLER CROSS RD  
CITY-ST-ZIP WINTER GARDEN FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DIRECTOR ☐ Delete  
NAME CHESTA HEMBROOKE  
STREET ADDRESS 2188 ALCOBE C  
CITY-ST-ZIP OCALA FL 34761

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REC: MARK ANTHONY

3/28/00 401 656 1088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)