

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48966

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: BREAD OF LIFE FELLOWSHIP, INC.

**Current Principal Place of Business:**

848 E PLANT ST  
WINTER GARDEN, FL 34787 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 770451  
WINTER GARDEN, FL 34777 US

**New Mailing Address:**

FEI Number: 59-3166797

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ANTHONY, MARK  
1508 FULLERS CROSS RD  
WINTER GARDEN, FL 34787 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: V,D ( ) Delete  
Name: HEMBROOKE, JOE  
Address: 2188 ALCOBE CR  
City-St-Zip: OCOEE, FL 34761

Title: P,D ( ) Delete  
Name: ANTHONY, MARK  
Address: 1508 FULLER CROSS RD  
City-St-Zip: WINTER GARDEN, FL

Title: T,D ( ) Delete  
Name: ANTHONY, RUTH A.  
Address: 1508 FULLER CROSS RD  
City-St-Zip: WINTER GARDEN, FL

Title: D ( ) Delete  
Name: CHEN, DENNIS  
Address: 739 SHADOWMOSS DRIVE  
City-St-Zip: WINTER GARDEN, FL 34787

Title: D ( ) Delete  
Name: BRADSHAW, JEFF  
Address: 2403 GRIFFIN COURT  
City-St-Zip: OCOEE, FL 34761

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P,D (X) Change ( ) Addition  
Name: ANTHONY, MARK  
Address: 1508 FULLER CROSS RD  
City-St-Zip: WINTER GARDEN, FL 34787

Title: T,D (X) Change ( ) Addition  
Name: ANTHONY, RUTH  
Address: 1508 FULLER CROSS RD  
City-St-Zip: WINTER GARDEN, FL

Title: D (X) Change ( ) Addition  
Name: JONES, JOAN  
Address: 16546 PABLO ISLAND RD  
City-St-Zip: GROVELAND, FL 34736

Title: D (X) Change ( ) Addition  
Name: HOLLAND, JEFF  
Address: 748 LANCER CIRCLE  
City-St-Zip: OCOEE, FL 34761

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: JONES, JACQUELYNE  
Address: 972 WELCH HILL CIRCLE  
City-St-Zip: APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK ANTHONY

P,D

04/27/2009

Electronic Signature of Signing Officer or Director

Date