

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

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90079 049 ****70.00

DOCUMENT # N48966

1. Entity Name

BREAD OF LIFE FELLOWSHIP, INC.



Principal Place of Business

**1508 FULLERS CROSS RD
WINTER GARDEN FL 34787
US**

Mailing Address

**1508 FULLERS CROSS RD
WINTER GARDEN FL 34787
US**

2. Principal Place of Business

**848 E. PLANT ST
Suite, Apt. #, etc.**

3. Mailing Address

**P.O. BOX 770451
Suite, Apt. #, etc.**



☒ CHECK HERE IF MAKING CHANGES

City & State

WINTER GARDEN, FL

City & State

WINTER GARDEN, FL

4. FEI Number **59-3166797**

Applied For
Not Applicable

Zip
34787

Country
USA

Zip
34777

Country
USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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 **MARK ANTHONY**

3/5/03
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	HEMBROOKE, JOE	
STREET ADDRESS	2188 ALCIBE CR	
CITY-ST-ZIP	OCOE FL 34761	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANTHONY, MARK	
STREET ADDRESS	1508 FULLER CROSS RD	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANTHONY, RUTH A.	
STREET ADDRESS	1508 FULLER CROSS RD	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEMBROOKE, CHESTA	
STREET ADDRESS	2188 ALCIBE CR	
CITY-ST-ZIP	OCOE FL 34761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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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: **NAT'NAL MARK BROOKE**

3/5/03

407 654-7777

CR2E037 (10/02)