

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48966

Entity Name: BREAD OF LIFE FELLOWSHIP, INC.**Current Principal Place of Business:**532 N. BLUFORD AVE.
OCOE, FL 34761**Current Mailing Address:**P.O. BOX 770451
WINTER GARDEN, FL 34777 US**FEI Number:** 59-3166797**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ANTHONY, MARK
1507 N. FULLERS CROSS RD
WINTER GARDEN, FL 34787 US*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**Officer/Director Detail :**

Title	P, D
Name	ANTHONY, MARK
Address	1507 N. FULLER CROSS RD P.O.BOX 770451
City-State-Zip:	WINTER GARDEN FL 34777

Title	D, SECRETARY
Name	ANTHONY, RUTH
Address	1507 N. FULLER CROSS RD P.O. BOX 770451
City-State-Zip:	WINTER GARDEN FL 34777

Title	D, T
Name	JONES, JACQULYNE Y
Address	972 WELCH HILL CIRCLE
City-State-Zip:	APOPKA FL 32712

Title	D
Name	SANSONE, ELIESO
Address	2443 OCOEE-APOPKA RD.
City-State-Zip:	OCOE FL 34761

Title	DIRECTOR
Name	KEVIN MCEWEN
Address	18500 US HWY 441 P.O. BOX 1364
City-State-Zip:	MT. DORA FL 32756

Title	OFFICER
Name	RAU, GREGORY
Address	2540 BLACK LAKE BLVD
City-State-Zip:	WINTER GARDEN FL 34787

I hereby 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 all other like empowered.

SIGNATURE: RUTH ANNE ANTHONY

VP, TREASURER

03/21/2018

Electronic Signature of Signing Officer/Director Detail_____
Date