

**2016 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  
1508 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	1508 FULLER CROSS RD P.O.BOX 770451
City-State-Zip:	WINTER GARDEN FL 34777

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

Title	D, SECRETARY
Name	ANTHONY, RUTH
Address	1508 FULLER CROSS RD P.O. BOX 770451
City-State-Zip:	WINTER GARDEN FL 34777

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

*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**DIRECTOR, SEC.****04/06/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date