

**2022 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.,  
BLDG. #77  
OCOEE, FL 34761**Current Mailing Address:**P.O. BOX 770009  
WINTER GARDEN, FL 34777-0009 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            PRESIDENT, DIRECTOR  
Name           ANTHONY, MARK  
Address        1507 N.FULLERS CROSS RD  
City-State-Zip: WINTER GARDEN FL 34787

Title            VP, DIRECTOR  
Name           ANTHONY, RUTH ANNE  
Address        1507 N. FULLER CROSS RD  
City-State-Zip: WINTER GARDEN FL 34787

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

Title            DIRECTOR  
Name           BOLLING, TAMI  
Address        71 ORANGE BLOSSOM TRAIL  
City-State-Zip: EUSTIS FL 32726

Title            TREASURER, DIRECTOR  
Name           SENA, JASON  
Address        2701 OSPREY CREEK LANE  
City-State-Zip: ORLANDO FL 32825

Title            DIRECTOR  
Name           CORIANO, GILBERTO  
Address        9627 PASOFINO LN  
City-State-Zip: CLERMONT FL 34711

Title            DIRECTOR  
Name           SMITH, DONALD  
Address        512 WILLET AVE.  
City-State-Zip: APOPKA FL 32703

Title            DIRECTOR  
Name           HANCOCK, TIM  
Address        560 HEARTGLEN 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:** MARK ANTHONY**PRESIDENT****04/13/2022**

Electronic Signature of Signing Officer/Director Detail

Date