

**2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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
City-State-Zip: WINTER GARDEN FL 34787

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

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

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

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

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

Title DIRECTOR
Name FAYE HULL
Address 338 HAWTHORNE HILLS PLACE
APT 104
City-State-Zip: ORLANDO FL 32835

Title DIRECTOR, TREASURER
Name SENA, JASON
Address 6277 SEA HARBOR DR
City-State-Zip: ORLANDO FL 32887

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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

05/04/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MUKHTAR, ZOREED
Address	14525 SAN LORENZO DR
City-State-Zip:	ORLANDO FL 32820