

**2015 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:** No**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  
City-State-Zip: WINTER GARDEN FL 34787

Title D  
Name ANTHONY, RUTH  
Address 1508 FULLER CROSS RD  
City-State-Zip: WINTER GARDEN FL 34787

Title D  
Name COBB, WALT  
Address 5892 PATRIOT PASS  
City-State-Zip: GROVELAND FL 34736

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

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

Title S  
Name RODRIGUEZ, SHEILA  
Address 1508 N. FULLERS CROSS RD  
City-State-Zip: WINTER GARDEN FL 34787

Title DIRECTOR  
Name GARVIS, DIANE  
Address 8647 SPYGLASS  
City-State-Zip: CLERMONT FL 34711

*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****04/16/2015**

Electronic Signature of Signing Officer/Director Detail

Date