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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 716896

1. Corporation Name
BREAD OF LIFE TABERNACLE, INC.

Principal Place of Business
 4813 EDGEMOOR DR.
 ORLANDO FL 32811

Mailing Address
 4813 EDGEMOOR DR.
 ORLANDO FL 32811



21	2. Principal Place of Business 14220 BAY LAKE Rd.	26	2a. Mailing Address 14220 BAY LAKE RD	3.	Date Incorporated or Qualified 07/18/1969
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	4.	FEI Number 23-7357745
23	City & State Groveland, Florida	28	City & State Groveland, FL	5.	Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip 34736	29	Zip 34736	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country LAKE	30	Country LAKE		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HERNDON, BESSIE L. 4813 EDGEMOON DRIVE ORLANDO FL 32811		81	Name William R. Warren
		82	Street Address (P.O. Box Number is Not Acceptable) 14220 BAY LAKE Rd
		83	
		84	City Groveland
		85	Zip Code FL 34736

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE P.D. William R. Warren William Robert Warren DATE 5-1-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	HERNDON, BESSIE	1.2 NAME	William R. Warren
STREET ADDRESS	4813 EDGEMOOR DR	1.3 STREET ADDRESS	14220 BAY LAKE ROAD
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Groveland, FL 34736
TITLE	D	2.1 TITLE	D
NAME	BROSE, ANDOR	2.2 NAME	Bessie Herndon
STREET ADDRESS	6022 SUSAN CRT.	2.3 STREET ADDRESS	4813 Edgemoor Dr.
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, FL 32811
TITLE	VD	3.1 TITLE	
NAME	HERNDON, STUART	3.2 NAME	
STREET ADDRESS	4813 EDGEMOOR DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	ST
NAME	HERNDON, BESSIE	4.2 NAME	Rebecca Warren
STREET ADDRESS	4813 EDGEMOOR DR	4.3 STREET ADDRESS	14220 BAY LAKE Rd
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Groveland, FL 34736
TITLE	D	5.1 TITLE	
NAME	HERNDON, DAVID	5.2 NAME	
STREET ADDRESS	4813 EDGEMOOR DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William R. Warren William R. Warren DATE 5-1-99 DAYTIME PHONE # 7:00 AM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)