FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

BREAD OF LIFE FELLOWSHIP CHURCH OF VILLA TASSO.

INC.								
Principal Place	e of Business	Mailing Address			AN NAGIO MILLE EGRIE END	RE BINGS MINISTER GENES NEWSTR BINDS	9(8)) (88)	
1/4 MILE COUNTY LINE ROAD. VILLA TASSO. FORREST ROAD P.O. BOX 358 P.O. BOX 358 NICEVILLE FL 32588-0358 US			3	Date Incorporate		3a. Date of Last Repo		
		·		08/19/197	<u> </u>	04/24/1996	1	
		2a. Mailing Address 26			4. FEI Number Applied For Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of State	us Desired [□ \$8.75 Addi Fee Regul		
I City & State City & State				6. Election Campaig	n Einanoina			
23		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Gountry		· · · · · · · · · · · · · · · · · · ·	angible tax under s. 19		
24	25	29	30	Florida Statutes		Yes 🔏 No	0.002,	
	9. Name and Address of Currer	nt Registered Agent		10. Name and Addre	ss of New Regis	stered Agent		
			81 Name	Dobout - Wasse			_	
MYATT, ALBERT				Robert O Harper et Address (P.O. Box Number is Not Acceptable)				
101 OWEN ST			82 Stree	1112 27th Stree				
NICEVILLE FL 32578					***			
1			84 City	Niceville,		FL 85 Zip Cod 3257	le R	
11. Pursuant	to the provisions of Sections 617.050	d cornoration submits this state	ement for the pur	nose of changing its re	haratsing			
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 appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with accept the appointment as registered agent. I am familiar with accept the appointment as registered agent. I am familiar with a comparison of the corporation								
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SIGNATURE .	Signature, typed or printed name of registered age	ant and tilles applicable. (NO	TE: Registered Agent signatu	re required when reinstating)	Just o	DATE		
12.	OFFICERS AN	D DIRECTORS	18.	ADDITIONS/CHAN	GES 10 OFFICE	RS AND DIRECTORS II	N 12	
TITLE	VO	DELETE	1.1 TITLE			. Change	Addition	
NAME	MYATT, ALBERT		1.2 NAME	D David 2 of Halma			·)	
STREET ADDRESS	DORESS 101 OWEN ST		1 3 STREET ADDRESS	Douglas Holms	5777 Loring Drive			
CITY-ST-ZIP	NICEVILLE FL 32578		1.4 CITY+ST-ZIP	5777 Loring Dr Milton, Fl 325	<u> </u>			
TITLE	PD	DELETE	2.1 TITLE			Change [Addition	
NAME	HARPER, ROBERT O.		2.2 NAME					
STREET ADDRESS	1112 27 STREET		2.3 STREET ADDRESS					
CITY-ST-ZIP	NICEVILLE FL		2. # CITY-ST-ZIP				İ	
TITLE	D	DELETE	3.1 TITLE	VD		Change L	Addition	
NAME	LYON, CLAYTON		3.2 NAME	Lyon, CLayton		•		
STREET ADDRESS	305 23 STREET		3.3 STREET ADDRESS	305 23 Street				
CITY-ST-ZIP	NICEVILLE FL		3.4. CITY-ST-ZIP	Niceville, F1	32578			
TITLE		DELETE	4.1 TITLE			Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY - ST - ZIP					
TITLE		DELETE	5.1 TITLE			Change [Addition	
NAME			5.2 NAME					
STREET ADDRESS			5 3 STREET ADDRESS				Ì	
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE		DELETE	6.1 TITLE			Change [Addition	
NAME			6.2 NAME					

14. I do 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 of an attacyliment with an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

May 05 1997 8:00am

Secretary of State