

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 03, 2005 08:00 AM
Secretary of State

DOCUMENT # 736627

1. Entity Name
**BREAD OF LIFE FELLOWSHIP CHURCH OF VILLA
TASSO, INC.**



Principal Place of Business Mailing Address
1/4 MILE COUNTY LINE ROAD, VILLA TASSO, P.O. BOX 358
P.O. BOX 358 NICEVILLE, FL 32588 US
NICEVILLE, FL 32588-0358



02082005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-2615112 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HARPER, ROBERT O
1112 27TH STREET
NICEVILLE, FL 32578

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing ☐ **\$5.00 May Be
Trust Fund Contribution. Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------|
| TITLE | D |
| NAME | JOHNSON, CLYDE H |
| STREET ADDRESS | 206 3RD STREET |
| CITY-ST-ZIP | NICEVILLE, FL 32578 |
| TITLE | PD |
| NAME | HARPER, ROBERT O. |
| STREET ADDRESS | 1112 27 STREET |
| CITY-ST-ZIP | NICEVILLE, FL |
| TITLE | VD |
| NAME | HARPER, PATRICK O |
| STREET ADDRESS | 505 A UNION STREET |
| CITY-ST-ZIP | FORT WALTON BCH, FL 32549 |

000000368980
06/03/05-80006-004 61.25

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/05 850-678-4007