

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # 736627	
1. Entity Name BREAD OF LIFE FELLOWSHIP CHURCH OF VILLA TASSO, INC.	

Principal Place of Business 1/4 MILE COUNTY LINE ROAD, VILLA TASSO, P.O. BOX 358 NICEVILLE, FL 32588-0358	Mailing Address P.O. BOX 358 NICEVILLE, FL 32588 US
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02132008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2615112	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

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

000000834376
 02/28/08-80050-025 61.25

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Robert Harper* **ROBERT HARPER** *2/21/08*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 850-678-4007