

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90198 041 ****61.25

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

**FORREST ROAD
P.O. BOX 358
NICEVILLE FL 32588-0358
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2615112**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, CLYDE H	
STREET ADDRESS	206 3RD STREET	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HARPER, ROBERT O.	
STREET ADDRESS	1112 27 STREET	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HARPER, PATRICK O	
STREET ADDRESS	505 A UNION STREET	
CITY-ST-ZIP	FORT WALTON BCH FL 32549	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 life empowered.

SIGNATURE: **ROBERT O. HARPER**

4/21/03 850-628-4007

CR2E037 (10/02)