

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90021 007 \*\*\*\*61.25

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01202006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # 751629</b> 1. Entity Name <b>BREAD MINISTRIES, INC.</b>			
Principal Place of Business <b>1806 SE CROSS AVE.</b> <b>ARCADIA, FL 34266 US</b>		Mailing Address <b>U.S. 70 E. AT CROSS ST. S.</b> <b>P O BOX 1017</b> <b>ARCADIA, FL 34265 US</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>P O BOX 1017</b> Suite, Apt. #, etc.	
City & State City: <b>ARCADIA, FL</b>		4. FEI Number <b>59-2008000</b>	
Zip <b>34265</b>		Country <b>DE SOTO</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>EVERHART, KENNETH T</b> <b>3224 NW ROUNDHOUSE</b> <b>ARCADIA, FL 34266</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> <b>LIVINGSTON, MAZIE A</b> <b>212 N ROBERTS AVE</b> <b>ARCADIA, FL 34266</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LIVINGSTON, MAZIE A.</b> <b>2692 NE HIGHWAY 70 #775</b> <b>ARCADIA FL 34266</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GASKINS, DOROTHY</b> <b>6518 SE COUNTY RD 760</b> <b>ARCADIA, FL 34266</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>EVERHART, KENNETH T</b> <b>3224 NW ROUNDHOUSE</b> <b>ARCADIA, FL 34266</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GIBBS, JAMES CLAY</b> <b>1806 SE CROSS AVE</b> <b>ARCADIA, FL 34266</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GIBBS, JAMES CLAY</b> <b>1806 SE CROSS AVE</b> <b>ARCADIA FL 34266</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GIBBS, JUDITH M</b> <b>1806 SE CROSS AVE</b> <b>ARCADIA, FL 34266</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BROWN, SHIRLEY</b> <b>1309 NE OAK STREET</b> <b>ARCADIA FL 34266</b>
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.			
<b>SIGNATURE:</b> <u>Judith M. Gibbs</u> <b>JUDITH M. GIBBS</b> 1/23/06 863-494-6214 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			