2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# 751629

Entity Name: BREAD MINISTRIES, INC.

Current Principal Place of Business:

1806 SE CROSS AVE.
ARCADIA, FL 34266 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1017
ARCADIA, FL 34265 US

New Mailing Address:

FEI Number: 59-2008000 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EVERHART, KENNETH T
3224 NW ROUNDHOUSE
ARCADIA, FL 34266 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	LIVINGSTON, MAZIE A	
Address:	2692 NE HIGHWAY 70, LOT 775	
City-St-Zip:	ARCADIA, FL 34266	
Title:	D	( ) Delete
Name:	GASKINS, DOROTHY	
Address:	6518 SE COUNTY RD 760	
City-St-Zip:	ARCADIA, FL 34266	
Title:	VPD	( ) Delete
Name:	EVERHART, KENNETH T	
Address:	3224 NW ROUNDHOUSE	
City-St-Zip:	ARCADIA, FL 34266	
Title:	S	( ) Delete
Name:	GIBBS, JAMES CLAY	
Address:	1806 SE CROSS AVE	
City-St-Zip:	ARCADIA, FL 34266	
Title:	P	( ) Delete
Name:	GIBBS, JUDITH M	
Address:	1806 SE CROSS AVE	
City-St-Zip:	ARCADIA, FL 34266	
Title:	T	( ) Delete
Name:	BROWN, SHIRLEY	
Address:	139 NE OAK STREET	
City-St-Zip:	ARCADIA, FL 34266	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDITH M GIBBS P 01/15/2009

Electronic Signature of Signing Officer or Director — Date