FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 PM 3:04

DOCUMENT # 765137 (5)

1. Corporation Name
LIVING BREAD MINISTRIES, INC.

Principal Place of Business	Mailing Address
1863 WELLS ROAD, #44 ORANGE PARK FL 32073	PO BOX 931 ORANGE PARK FL 32067-0931 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/21/1982
3a. Date of Last Report: 01/20/1994
4. FEI Number: 59-2262013 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 4029 ATLANTIC BLVD	20
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 JACKSONVILLE, FL	28 City & State
24 32207 Zip / 25 DUVAL Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

COTTON, GLENN E.
1863 WELLS ROAD, #44
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

81 Name: COTTON, GLENN E.
82 Street Address (P.O. Box Number is Not Acceptable): 400 HARVEST BEND DR.
83
84 City: ORANGE PARK FL 85 Zip Code: 32073

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Glenn E. Cotton (GLENN E. COTTON) 1/11/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	COTTON, GLENN E.	1.2 NAME	COTTON, GLENN E.	
STREET ADDRESS	1863 WELLS ROAD, #44	1.3 STREET ADDRESS	400 HARVEST BEND DR.	
CITY-ST-ZIP	ORANGE PARK FL	1.4 CITY-ST-ZIP	ORANGE PARK, FL. 32073	
TITLE	STD	2.1 TITLE	STD	☒ Change ☐ Addition
NAME	COTTON, NANCY L.	2.2 NAME	COTTON, NANCY L.	
STREET ADDRESS	1863 WELLS ROAD, #44	2.3 STREET ADDRESS	400 HARVEST BEND DR.	
CITY-ST-ZIP	ORNAGE PARK FL	2.4 CITY-ST-ZIP	ORANGE PARK, FL. 32073	
TITLE	VPD	3.1 TITLE		☐ Change ☐ Addition
NAME	COX, E. HALFORD	3.2 NAME		
STREET ADDRESS	1610 DONALD STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Glenn E. Cotton (GLENN E. COTTON 1/17/95 (904) 399-1831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0022496