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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # 765137 (5)

1. Corporation Name
~~LIVING BREAD~~ MINISTRIES, INC.
Glenn Cotton

Principal Place of Business Mailing Address
8355 SANCHEZ RD PO BOX 931
JACKSONVILLE FL 32221 ORANGE PARK FL 32067-0931
US US

3. Date Incorporated or Qualified

09/21/1982

4. FEI Number

59-2262013

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☒

No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐

Yes

☒

No

2. Principal Place of Business

2a. Mailing Address

21 123 PARISH ST.

26 PO BOX 5961

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 DOTHAN, AL

28 DOTHAN, AL

24 Zip

Country

29 Zip

Country

36301

USA

36302

30 Zip

Country

USA

30 Zip

Country

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COTTON, GLENN E.
400 HARVEST BEND DR.
ORANGE PARK FL 32073

81 Name
x Clint D. Wilder

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

8011-10 Merrill Road

83

84 City Jacksonville, FL

85 Zip Code

32277

11. Pursuant to the provisions of Section 617.0502 and 617.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am further authorized by the corporation's board of directors. I hereby accept the appointment as registered agent.

SIGNATURE

Signature of person or persons authorized to register

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD

NAME COTTON, GLENN E.

STREET ADDRESS 400 HARVEST BEND DR.

CITY-ST-ZIP ORANGE PARK FL

☐ DELETE

TITLE STD

NAME COTTON, NANCY L.

STREET ADDRESS 400 HARVEST BEND DR.

CITY-ST-ZIP ORANGE PARK FL

☐ DELETE

TITLE VPD

NAME COX, E. HALFORD

STREET ADDRESS 1610 DONALD STREET

CITY-ST-ZIP JACKSONVILLE FL

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: J. D. NATURE REGISTERED GLENN E. 6/24/98 (904) 448-0776

CR2E037 (10/97)