2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000001736

1. Entity Name
BREAD AND WATER FOR AFRICA, INC.

Principal Place of Business	Mailing Address
8815 TELEGRAPH ROAD LORTON, VA 22079	8815 TELEGRAPH ROAD LORTON, VA 22079

DO NOT WRITE IN THIS SPACE

01082004 No Chg-NP CR2E037 (10/03)

4. FEI Number
54-1884520
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

U00000128071
04/26/04-80023-009 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KRIZEK, EUGENE L
STREET ADDRESS	8815 TELEGRAPH ROAD
CITY-ST-ZIP	LORTON, VA 22079
TITLE	T
NAME	RICHARDSON, CLYDE B
STREET ADDRESS	8815 TELEGRAPH ROAD
CITY-ST-ZIP	LORTON, VA 22079
TITLE	S
NAME	KRIZEK, ADELINE R
STREET ADDRESS	8815 TELEGRAPH ROAD
CITY-ST-ZIP	LORTON, VA 22079
TITLE	D
NAME	HOLIDAY, CHARLES T
STREET ADDRESS	8815 TELEGRAPH ROAD
CITY-ST-ZIP	LORTON, VA 22079
TITLE	D
NAME	KRAMER, FRED G
STREET ADDRESS	8815 TELEGRAPH ROAD
CITY-ST-ZIP	LORTON, VA 22079
TITLE	D
NAME	MACKLER, MARSHALL A
STREET ADDRESS	8815 TELEGRAPH ROAD
CITY-ST-ZIP	LORTON, VA 22079

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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 like empowered.

SIGNATURE: _____ BRYAN L KRIZEK 4/21/04 703-330-2472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — VP — Date — Daytime Phone #