


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90063 022 ****61.25

DOCUMENT # F04000001379 1. Entity Name BREAD OF LIFE BROADCAST, INC.	
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Principal Place of Business 4800 SW 20 ST. OCALA, FL 34474	Mailing Address 4800 SW 20 ST. OCALA, FL 34474
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DO NOT WRITE IN THIS SPACE



01102006 No Chg-NP CR2E037 (11/05)

4. FEI Number 71-6095201	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PATTON, MIKE
4800 SW 20 ST.
OCALA, FL 34474**

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATTON, MIKE 4790 SW 20 ST OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RIGGS, DANIEL 8542 NE COLIN KELLY HWY PINETTA, FL 32350
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BECHT, MARYANN 5940 SW 20 ST OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PATTON, JANICE 4790 SW 20 ST. OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE: *Dr. Mike Patton* **1/17/06** **352-237-5611**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #