

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # F04000001379

1. Entity Name
BREAD OF LIFE BROADCAST, INC.



Principal Place of Business
**4800 SW 20 ST.
OCALA, FL 34474**

Mailing Address
**4800 SW 20 ST.
OCALA, FL 34474**



01082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PATTON, MIKE
STREET ADDRESS	4790 SW 20 ST
CITY-ST-ZIP	OCALA, FL 34474

TITLE	VP
NAME	RIGGS, DANIEL
STREET ADDRESS	245 PETUNIA TERR APT 103
CITY-ST-ZIP	SANFORD, FL 32771

TITLE	S
NAME	BECHT, MARYANN
STREET ADDRESS	5940 SW 20 ST
CITY-ST-ZIP	OCALA, FL 34474

TITLE	T
NAME	PATTON, JANICE
STREET ADDRESS	4790 SW 20 ST.
CITY-ST-ZIP	OCALA, FL 34474

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000931892
05/22/08-80032-017 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Mike Patton MIKE PATTON 4-28-08 352-237-5611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #