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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

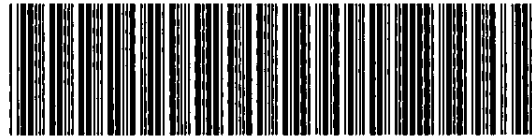
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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Bread of Life International Ministries, Inc.

Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Scarla Johnson

Name of Person

Firm/Company

816 Newpark Court

Address

St. Augustine, FL 32084

City/State and Zip Code

scarlajohnson@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scarla Johnson

Name of Person

at ( 904 ) 222-1377

Area Code & Daytime Telephone Number

**MAILING ADDRESS:**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☒ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:

1. **Bread of Life International Ministries, Inc.**

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. **Louisiana**

(State or country under the law of which it is incorporated)

3. **52-2456173**

(FEI number, if applicable)

4. **07/05/2005**

(Date of Incorporation)

5. **perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **N/A**

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. **816 Newpark Court, St. Augustine, FL 32084**

(Principal office address)

**Post Office Box (879) St. Augustine, FL 32085**

(Current mailing address)

8. **Religious Institution (Church/Ministry)**

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: **Scarla Johnson**

Office Address: **816 Newpark Court**

**St. Augustine**, Florida **32084**

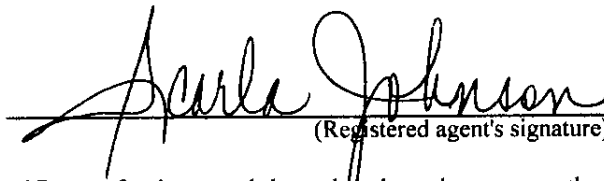
(City)

(Zip Code)

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10. **Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors

**A. DIRECTORS**

Chairman: Scarla Johnson

Address: 816 Newpark Court  
St. Augustine, FL 32084

Vice Chairman: Burnett Johnson

Address: 816 Newpark Court  
St. Augustine, FL 32084

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: \_\_\_\_\_

Address: \_\_\_\_\_

Vice President: Jacqueline Franklin

Address: 1538 N. Claiborne Ave.  
New Orleans, LA 70116

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: Twila Vining

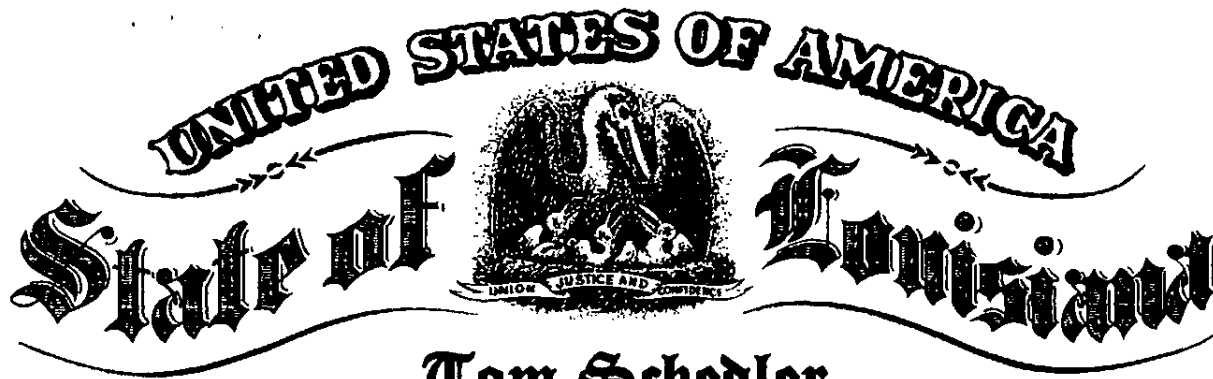
Address: 923 N. Tonti St., New Orleans, LA 70119

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**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Scarla Johnson  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Scarla Johnson  
(Typed or printed name and capacity of person signing application)



**Tom Schedler**  
SECRETARY OF STATE

*As Secretary of State of the State of Louisiana I do hereby Certify that*

the Articles of Incorporation of

**BREAD OF LIFE INTERNATIONAL MINISTRIES**

Domiciled at NEW ORLEANS, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation was issued on July 05, 2005,

I further certify that no Certificate of Dissolution has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

January 10, 2014

*Secretary of State*

Web 35972370N



Certificate ID: 10452297#KUL73

To validate this certificate, visit the following web site,  
go to **Commercial Division, Certificate Validation**,  
then follow the instructions displayed.  
[www.sos.louisiana.gov](http://www.sos.louisiana.gov)