

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2003 8:00 am
Secretary of State

07-09-2003 90032 032 *****70.00

DOCUMENT # N000000000643

1. Entity Name

BREAD OF LIFE CHURCH INC.



Principal Place of Business

**2690 JAEGER DR.
DELRAY BCH FL 33444**

Mailing Address

**624 JAEGER DR
DELRAY BCH FL 33444**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0982133**

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLEGHORN, CHARLES R
624 JAEGER DR
DELRAY BCH FL 33444**

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	CLEGHORN, CHARLES R	
STREET ADDRESS	624 JAEGER DR.	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	MARZILLI, JOE	
STREET ADDRESS	2067 PRAIRIE RD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CARUSO, TONY	
STREET ADDRESS	216 LIVE OAK LANE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	BT	<input checked="" type="checkbox"/> Delete
NAME	BATTERSON, JOHN	
STREET ADDRESS	440 FLOWSWAY	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Denise Cleghorn	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	624 Jaeger Dr	
STREET ADDRESS	DeLray Bch FL 33444	
CITY-ST-ZIP	BT	
TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARUSO, TONY	
STREET ADDRESS	216 Live Oak Lane	
CITY-ST-ZIP	Boynton Bch FL 33436	
TITLE	DAVID R. WORSELEY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3930 TULIP TREE DR	
STREET ADDRESS	LA NTANA, FL 33462	
CITY-ST-ZIP	ST	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Reliance Signature Required* **Charles R Cleghorn** P 954)325-9036

CR2E037 (4/03)