2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006
Secretary of State

DOCUMENT# N00000007364

Entity Name: HOUSE OF BETHLEHEM A PLACE OF BREAD MINISTRIES, INC.

Current Principal Place of Business:

16500 N.W. 2ND AVE., STE. C
MIAMI, FL 33164

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 640514
MIAMI, FL 331640514

New Mailing Address:

FEI Number: 65-1107957 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COX, LATASHA
400 NE 157TH TERR.
MIAMI, FL 33162 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BETHEL, CYNTHIA E
Address: 1120 NW 75 ST.
City-St-Zip: MIAMI, FL 33150

Title: D ( ) Delete
Name: BROWN, EARNESTINE
Address: 1120 NW 75 ST.
City-St-Zip: MIAMI, FL 33150

Title: SD ( ) Delete
Name: COX, LATASHA
Address: 400 NE 157 TERR.
City-St-Zip: MIAMI, FL 33162

Title: E ( ) Delete
Name: JOHNSON, ALVER
Address: 1770 NW 190 TERRACE
City-St-Zip: MIAMI, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LATASHA COX RA 07/11/2006
Electronic Signature of Signing Officer or Director — Date