6/1

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2002 8:00 am
Secretary of State
06-19-2002 90941 026 ****61.25

DOCUMENT # N01000000961

1. Entity Name

BREAD OF LIFE INTERNATIONAL DELIVERANCE MINISTRIES, INC.

Principal Place of Business	Mailing Address
6209 S DALE MABRY HWY SUITE B TAMPA FL 33611	6209 S DALE MABRY HWY SUITE B TAMPA FL 33611

41898

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6209 S. Dale Mabry Hwy	6209 S. Dale Mabry Hwy
Suite, Apt. #, etc.: Suite B	Suite, Apt. #, etc.: Suite B
City & State: Tampa, Florida	City & State: Tampa, Florida
Zip: 33611 Country: Hillsborough	Zip: 33611 Country: Hillsborough

4. FEI Number: 04-3678275 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GITTENS, REGINALD
7311 S SHERRILL STREET
TAMPA FL 33616

7. Name and Address of New Registered Agent

Name: Gittens, Reginald
Street Address (P.O. Box Number is Not Acceptable): 7311 S. Sherrill Street
City: Tampa **FL** Zip Code: 33616

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: Reginald Gittens (replacement form) DATE: 8/4/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

After September 13, 2002, min. will be $236.25.

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pastor Reginald Gittens (D) 6209 S. Dale Mabry Hwy Tampa, FL 33611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Deacon Corey Bilger (T) 7009 Interbay Tampa, FL 33611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Assistant (T) Patricia Gittens 6209 S. Dale Mabry Tampa, FL 33611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (4/02)

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: Reginald Gittens (replacement) 8/4/02 (813) 831-2584

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6/19/2002-90941-026-$61.25-$61.25

2002 UNIFORM BUSINESS REPORT (UBR)

4/1898

[redacted]

Attachment

[redacted]

DO NOT WRITE IN THIS SPACE

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1. Entity Name

BREAD OF LIFE INTERNATIONAL DELIVERANCE MINISTRIES, INC.

Principal Place of Business	Mailing Address
6209 S DALE MABRY HWY SUITE B TAMPA FL 33611	6209 S DALE MABRY HWY SUITE B TAMPA FL 33611

2. Principal Place of Business	3. Mailing Address
6209 S. Dale Mabry Hwy	6209 S. Dale Mabry Hwy.
Suite, Apt. #, etc.: Suite B	Suite, Apt. #, etc.: Suite B
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33611 Country: Hillsborough	Zip: 33611 Country: Hillsborough

4. FEI Number: 04-3678275 ☐ 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
GITTENS, REGINALD 7311 S SHERRILL STREET TAMPA FL 33616	Name: Gittens, Reginald Street Address (P.O. Box Number is Not Acceptable): 7311 S. Sherrill Street City: Tampa FL Zip Code: 33616

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.

SIGNATURE: Reginald Gittens 6/7/02

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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (9/01)

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: Reginald E Gittens 6/7/02 (813) 831-2584

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #