

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

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90177 033 ****61.25

DOCUMENT # N01000000961

1. Entity Name

BREAD OF LIFE INTERNATIONAL DELIVERANCE MINISTRIES, INC.



Principal Place of Business

**6209 S DALE MABRY HWY SUITE B
TAMPA FL 33611**

Mailing Address

**6209 S DALE MABRY HWY SUITE B
TAMPA FL 33611**

2. Principal Place of Business

7311 S. Sherrill St.

3. Mailing Address

7311 S. Sherrill St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

33616

Country

USA

Zip

33616

Country

USA

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

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

Reginald Gittens (Reginald Gittens)

Jan. 25, 2003

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	GITTENS, REGINALD	
STREET ADDRESS	6209 S DALE MABRY HWY	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BULGER, COREY	
STREET ADDRESS	7009 INTERBAY	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	AT	<input type="checkbox"/> Delete
NAME	GITTENS, PATRICIA	
STREET ADDRESS	6209 S DALE MABRY	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	Deacon	<input type="checkbox"/> Delete
NAME	Earl King	
STREET ADDRESS	12713 French Quarter Place	
CITY-ST-ZIP	Tampa FL 33612	
TITLE	Deaconess	<input type="checkbox"/> Delete
NAME	Betty King	
STREET ADDRESS	12713 French Quarter Place	
CITY-ST-ZIP	Tampa, FL 33612	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	LaTanya Polite	
STREET ADDRESS	7320 Las Palmas Ct. #223	
CITY-ST-ZIP	Tampa, FL 33617	

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		
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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: *Reginald Gittens*

Jan. 25, 2003 (813)831-0054

CR2E037 (10/02)