2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 04, 2006 08:00 AM Secretary of State DOCUMENT # N01000001063 1. Entity Name PENTECOSTAL BREAD OF LIFE CHURCH, INC. Principal Place of Business Mailing Address 45242 KERI 8LVD. CALLAHAN FL 32011 45242 KERI BLVD. CALLAHAN FL 32011 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-3698662 Not Applicat Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCGEE, JAMES E BISHOP Street Address (P.O. Box Number is Not Acceptable) 45242 KERI BLVD. CALLAHAN FL 32011 City Zio Code 6. 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE Signature typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature regimed when revisitating) DATE The series of the series of FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be · 化一种运输作品(图) Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete MLE Change UNDD000491943 NAME MCGEE SR, JAMES E BISHOP NAAIF 04/19/06-80045-007 61,25 STREET ADDRESS 6044 KERI BLVD STREET ADDRESS CALLAHAN FL 32011 City-St-zie CATY-SI-ZIP TIT! F ☐ Detete TITLE ☐ Change ☐ Adams GLISSON, SIDNEY R III NAME NAM. 6059 KERI BLVD STREET ADDRESS STREET ACORESS CITY - ST - ZIP CALLAHAN FL 32011 CITY-ST-ZIP TITLE ☐ Delete Change □ Add" NAME MCGEE, GLADIS T NAME STREET ADDRESS 6059 KERI BLVD STREET ADDRESS CITY-ST-71P CALLAHAN FL 32011 CITY-ST-ZIP TITLE ☐ Addino ☐ Delete TITLE Change NAME NAME STREE! ADDRESS STREET ADDRESS CHY-SI-ZIP DITY-ST-70P TITLE ☐ Stelete 1070 F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CUTY-ST-7/P TITLE ☐ Delete 7771. ☐ Change Access NAME NAME STREET ACCORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, 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 direct 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 1 if changed, or on an attachment with an address, with all other like empowered.

FILED