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

Jan 08, 2003 8:00 am Secretary of State DOCUMENT # N01000001063 1. Entity Name 01-08-2003 90166 005 ****61.25 PENTECOSTAL BREAD OF LIFE CHURCH, INC. Principal Place of Business Mailing Address 6044 KERI BLVD 6044 KERI BLVD CALLAHAN FL 32011 CALLAHAN FL 32011 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-3698662 Applied For Not Applicable Zip Country Zip 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 MCGEE, JAMES E BISHOP Street Address (P.O. Box Number is Not Acceptable) 6044 KERI BLVD CALLAHAN FL 32011 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 9. Election Campaign Financing **\$5.00** May Be FILE NOW: FEE IS \$61.25 Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change Addition MCGEE:SR, JAMES E BISHOP NAME NAME STREET ADDRESS 6044 KERI BLVD STREET ADDRESS CITY-ST-ZIE CALLAHAN FL 32011 CITY-ST-ZIP VD TITI F ☐ Delete TITLE Change ☐ Addition NAME GLISSON, SIDNEY R III NAME STREET ADDRESS 6059 KERI BLVD STREET ADDRESS CITY-ST-ZIP CALLAHAN FL 32011 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition CHARGE, GLADIS T MEG EE NAME NAME STREET ADDRESS 6059 KERI BLVD STREET ADDRESS CITY-ST-7IP CALLAHAN FL 32011 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

FILED

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

MES E. M. G.GEE 1-4-03 (904/879-4147

Attachment DOCIT NO1000001063 70001841

MADE CORRECTION ON MAME OF SO GLADIST MEGEE NOT GLISSON

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