

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002594

FILED  
Apr 30, 2005  
Secretary of State

**Entity Name:** BREAD OF HEAVEN FAITH MINISTRIES, INC.

**Current Principal Place of Business:**

2009 S. E. MADISON STREET  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6237  
STUART, FL 34997

**New Mailing Address:**

**FEI Number:** 65-0939857

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBERTS, PAUL REV  
2009 SE MADISON ST  
STUART, FL 34997 US

**Name and Address of New Registered Agent:**

ROBERTS, PAUL PASTOR  
2009 SE MADISON ST  
STUART, FL 34997 US

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: PASTOR PAUL A. ROBERTS

04/30/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ROBERTS, PAUL REV  
Address: 2009 SE MADISON ST  
City-St-Zip: STUART, FL 34997

Title: TD ( ) Delete  
Name: BROOKS, MALCOLM  
Address: 5715 S.E. INEZ AVENUE  
City-St-Zip: STUART, FL 34997

Title: TD ( ) Delete  
Name: EVANS, WALT  
Address: 714 DIVOT LANE  
City-St-Zip: KISSIMMEE, FL 34759

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: ROBERTS, PAUL PASTOR  
Address: 2009 SE MADISON ST  
City-St-Zip: STUART, FL 34997

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

Title: TD (X) Change ( ) Addition  
Name: EVANS, WALTER  
Address: 714 DIVOT LANE  
City-St-Zip: KISSIMMEE, FL 34759

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DEACON, WALTER EVANS

DEA

04/30/2005

Electronic Signature of Signing Officer or Director

Date