

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 02, 2007
Secretary of State**

DOCUMENT# N01000002594

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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROBERTS, PAUL PASTOR
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, WALTER
Address: 714 DIVOT LANE
City-St-Zip: KISSIMMEE, FL 34759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DEAC (X) Change () Addition
Name: CLEARE, RICHARD
Address: 1615 ARAPAHO AVENUE
City-St-Zip: STUART, FL 34994

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PAUL A. ROBERTS

PAS

05/02/2007

Electronic Signature of Signing Officer or Director

_____ Date