

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N01174

1. Entity Name
LIVING BREAD CHRISTIAN FELLOWSHIP CHURCH, INC.



Principal Place of Business
**1801 S ORLANDO AVE
COCOA BEACH, FL 32931**

Mailing Address
**1801 S ORLANDO AVE
COCOA BEACH, FL 32931**



01282004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2409663	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**TEED, CECILE
290 N 2ND ST #4
COCOA BCH, FL 32931**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000033938
02/05/04-80065-012 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIGGS, HAMILTON 2500 BENTPINE ST MELBOURNE, FL 32935
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MENIG, JOSEPH 1810 SANDBAR DRIVE MERRITT ISLAND, FL 32953
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TEED, CECILE 290 N 2ND ST. #4 COCOA BCH., FL 32931
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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: *Cecile Teed* *Cecile Teed*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/04
Date

(321) 783-6660
Daytime Phone #