

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2005 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**



01202005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2409663

Applied For
Not Applicable

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**

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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 relistings)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
DIGGS, HAMILTON
2500 BENTPINE ST
MELBOURNE, FL 32935**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
MENIG, JOSEPH
1810 SANDBAR DRIVE
MERRITT ISLAND, FL 32953**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
TEED, CECILE
290 N 2ND ST. #4
COCOA BCH., FL 32931**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000256715
03/09/05-80025-011 70.00

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

3/7/2005 (320) 783-6610
Date Daytime Phone #