2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# N02000000167

Entity Name: TRUE BREAD WORSHIP CENTER, INC.

Current Principal Place of Business:

3367 N. UNIVERSITY DR.
DAVIE, FL 33024

New Principal Place of Business:

9650 PINES BLVE
HOLLYWOOD, FL 33024

Current Mailing Address:

PO BOX 848142
PEMBROKE PINES, FL 33084

New Mailing Address:

FEI Number: 20-5551560 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BRANKER, CARLTON
3367 UNIVERSITY DRIVE
DAVIE, FL 33024 US

Name and Address of New Registered Agent:

BRANKER, CARLTON
P B BOX 848142
HOLLYWOOD, FL 33084 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: _____ 02/26/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BRANKER, CARL
Address: 1271 NW 137TH AVE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: P ( ) Delete
Name: BRANKER, VICTORIA
Address: 1271 NW 127TH AVE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D ( ) Delete
Name: HOLDER, MERLIN
Address: P.O. BOX 5826
City-St-Zip: HOLLYWOOD, FL 33083

Title: D ( ) Delete
Name: BARDOVILLE, JUDITH
Address: P.O. BOX 5826
City-St-Zip: HOLLYWOOD, FL 33083

Title: D ( ) Delete
Name: DOUGLASS, AVA
Address: P.O. BOX 5826
City-St-Zip: HOLLYWOOD, FL 33083

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: HOLDER, MERLIN
Address: P.O. BOX 848142
City-St-Zip: HOLLYWOOD, FL 33084

Title: D (X) Change ( ) Addition
Name: BARDOVILLE, JUDITH
Address: P.O. BOX848142
City-St-Zip: HOLLYWOOD, FL 33084

Title: D (X) Change ( ) Addition
Name: DOUGLASS, AVA
Address: P.O. BOX 848142
City-St-Zip: HOLLYWOOD, FL 33084

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: VICTORIA BRANKER P 02/26/2009
Electronic Signature of Signing Officer or Director — Date