

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000167

FILED  
Jan 21, 2011  
Secretary of State

**Entity Name:** TRUE BREAD WORSHIP CENTER, INC.

**Current Principal Place of Business:**

9650 PINES BLVE  
HOLLYWOOD, FL 33024

**New Principal Place of Business:**

**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  
P B BOX 848142  
HOLLYWOOD, FL 33084 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  
**Name:** BRANKER, CARL  
**Address:** 1271 NW 137TH AVE  
**City-St-Zip:** PEMBROKE PINES, FL 33028

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

**Title:** D  
**Name:** HOLDER, MERLIN  
**Address:** P.O. BOX 848142  
**City-St-Zip:** HOLLYWOOD, FL 33084

**Title:** D  
**Name:** BARDOVILLE, JUDITH  
**Address:** P.O. BOX 848142  
**City-St-Zip:** HOLLYWOOD, FL 33084

**Title:** D  
**Name:** DOUGLASS, AVA  
**Address:** P.O. BOX 848142  
**City-St-Zip:** HOLLYWOOD, FL 33084

I hereby 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 all other like empowered.

**SIGNATURE:** VICTORIA BRANKER

P

01/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date