

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009513

FILED  
Feb 20, 2007  
Secretary of State

Entity Name: BREAKING BREAD CHRISTIAN CENTER INC.

## Current Principal Place of Business:

209 W 1ST STREET  
SANFORD, FL 32771

## New Principal Place of Business:

## Current Mailing Address:

209 W 1ST STREET  
SANFORD, FL 32771

## New Mailing Address:

FEI Number: 01-0758630

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PEREZ, VICKIE  
186 BRUSH CREEK DR  
SANFORD, FL 32771 US

## Name and Address of New Registered Agent:

PEREZ, VICKIE  
2664 E. WACO DR.  
DELTONA, FL 32738 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: VICKIE PEREZ

02/20/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PEREZ, RONNIE SR.  
Address: 186 BRUSH CREEK DR  
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete  
Name: PEREZ, VICKIE  
Address: 186 BRUSH CREEK DR  
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete  
Name: NICOLG, SAMUEL  
Address: 3814 BROOME DR  
City-St-Zip: ORLANDO, FL 32810

Title: D ( ) Delete  
Name: SONIA, NICOLE D  
Address: 3814 BROOME DR  
City-St-Zip: ORLANDO, FL 32810

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: PEREZ, RONNIE SR.  
Address: 2664 E. WACO DR.  
City-St-Zip: DELTONA, FL 32738

Title: D (X) Change ( ) Addition  
Name: PEREZ, VICKIE  
Address: 2664 E. WACO DR.  
City-St-Zip: DELTONA, FL 32738

Title: D (X) Change ( ) Addition  
Name: NICOLE, SAMUEL  
Address: 3814 BROOME DR  
City-St-Zip: ORLANDO, FL 32810

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RONNIE PEREZ SR.

PD

02/20/2007

Electronic Signature of Signing Officer or Director

Date