2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009513

FILED Aug 19, 2008 Secretary of State

Entity Name: BREAKING BREAD CHRISTIAN CENTER INC. **Current Principal Place of Business: New Principal Place of Business:** 209 W 1ST STREET SANFORD, FL 32771 **Current Mailing Address: New Mailing Address:** 209 W 1ST STREET SANFORD, FL 32771 FEI Number: 01-0758630 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete PEREZ, RONNIE SR. Name: Name: Address: 2664 E. WACO DR. Address: City-St-Zip: DELTONA, FL 32738 City-St-Zip: Title: () Delete Title: () Change () Addition Name: PEREZ, VICKIE Name: Address: 2664 E. WACO DR. Address: City-St-Zip: DELTONA, FL 32738 City-St-Zip: Title: () Delete Title: () Change () Addition NICOLE, SAMUEL Name: Name: 3814 BROOME DR Address: Address: City-St-Zip: ORLANDO, FL 32810 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: SONIA, NICOLE D Name: SHEIPE, PENNY 4730 ORANGE BLVD Address: 3814 BROOME DR Address: City-St-Zip: ORLANDO, FL 32810 City-St-Zip: SANFORD, FL 32771

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: RONNIE PEREZ PRES 08/19/2008