2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# N02000009513

Entity Name: BREAKING BREAD CHRISTIAN CENTER INC.

Current Principal Place of Business:

209 W 1ST STREET
SANFORD, FL 32771

New Principal Place of Business:

207 W 1ST STREET
SANFORD, FL 32771

Current Mailing Address:

209 W 1ST STREET
SANFORD, FL 32771

New Mailing Address:

207 W 1ST STREET
SANFORD, FL 32771

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

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

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

Title: D ( ) Delete
Name: SHEIPE, PENNY
Address: 4730 ORANGE BLVD
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 PD 03/25/2009
Electronic Signature of Signing Officer or Director — Date