

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N03000001178**

1. Entity Name  
**HAND AND HAND THE BREAD OF LIFE, INC.**



Principal Place of Business  
**1673 W MCNAB RD  
POMPANO BEACH, FL 33069**

Mailing Address  
**1673 W MCNAB RD  
POMPANO BEACH, FL 33069**



03042008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br><b>NOT APPLICABLE</b>                    | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional<br/>Fee Required</b>              |

**6. Name and Address of Current Registered Agent**

**PHANORD, MARICILE  
1673 W. MCNAB RD.  
POMPANO BEACH, FL 33069**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**U000000851179  
03/25/08-80028-012 61.25**

**10. OFFICERS AND DIRECTORS**

|                |                         |
|----------------|-------------------------|
| TITLE          | D                       |
| NAME           | PHANORD, MARICILE       |
| STREET ADDRESS | 1673 W. MCNAB RD.       |
| CITY-ST-ZIP    | POMPANO BEACH, FL 33069 |

|                |                      |
|----------------|----------------------|
| TITLE          | D                    |
| NAME           | GRAF, CHARLOTTE A    |
| STREET ADDRESS | 1081 SW 92 AVE.      |
| CITY-ST-ZIP    | PLANTATION, FL 33324 |

|                |                         |
|----------------|-------------------------|
| TITLE          | D                       |
| NAME           | PHANORD, LOURDE         |
| STREET ADDRESS | 2640 NE 8TH AVE. #2     |
| CITY-ST-ZIP    | WILTON MANORS, FL 33334 |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Charlotte A. Graf*

**3-5-08**

**954-942-5013**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Daytime Phone #