

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90036 014 ****61.25

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1. Entity Name
BREAD OF LIFE EVANGELISTIC ASSOCIATION, INC.



Principal Place of Business

**972 TARPON AVE
SEBASTIAN, FL 32958**

Mailing Address

**972 TARPON AVE
SEBASTIAN, FL 32958**

DO NOT WRITE IN THIS SPACE



50026637

02072005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
54-1972956

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CATALANO, ERNEST
972 TARPON AVE
SEBASTIAN, FL 32958**

**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 reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
CATALANO, ERNEST
972 TARPON AVE
SEBASTIAN, FL 32958**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
CATALANO, HELENE
972 TARPON AVE
SEBASTIAN, FL 32958**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
NILSEN, KIM
103 THUNDERBIRD DR
SEBASTIAN, FL 32958**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
VASQUEZ, DENA
972 TARPON AVE
SEBASTIAN, FL 32958**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Helene Catalano Helene Catalano

3/3/05 772-589-9216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #