
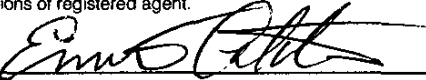


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90043 006 ****61.25

DOCUMENT # N03000006357					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 54-1972956	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country	01032007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CATALANO, ERNEST 972 TARPON AVE SEBASTIAN, FL 32958			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATALANO, ERNEST		NAME		
STREET ADDRESS	972 TARPON AVE		STREET ADDRESS		
CITY-ST- ZIP	SEBASTIAN, FL 32958		CITY-ST- ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATALANO, HELENE		NAME		
STREET ADDRESS	972 TARPON AVE		STREET ADDRESS		
CITY-ST- ZIP	SEBASTIAN, FL 32958		CITY-ST- ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NILSER, KIM		NAME	NILSEN Kim	
STREET ADDRESS	103 THUNDERBIRD DR		STREET ADDRESS	103 Thunderbird Rd	
CITY-ST- ZIP	SEBASTIAN, FL 32958		CITY-ST- ZIP	SEBASTIAN FL. 32958	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VASQUEZ, DENA		NAME		
STREET ADDRESS	972 TARPON AVE		STREET ADDRESS		
CITY-ST- ZIP	SEBASTIAN, FL 32958		CITY-ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST- ZIP			CITY-ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST- ZIP			CITY-ST- ZIP		

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: 

DATE 3/2/07

772 589-9216
 Phos 2

ATTACHMENT

40028771

#103000006357

~~Please~~ NOTE
~~THIS IS~~ THE THIRD
~~YEAR~~ WE HAVE
~~ASK~~ YOU TO
ONE OF THE NAMES
TO PRESENT