


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90178 033 ****70.00

DOCUMENT # N03000007946	
1. Entity Name BREAD OF LIFE MINISTRIES INTERNATIONAL INC.	

Principal Place of Business 1236 TANGERINE PARKWAY NE WINTER HAVEN, FL 33881	Mailing Address 1236 TANGERINE PARKWAY NE WINTER HAVEN, FL 33881
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DO NOT WRITE IN THIS SPACE

00037110



03092005 No Chg-NP CR2E037 (10/03)

4. FEI Number 42-1604711	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARNOLD, MELVIN
1236 TANGERINE PARKWAY NE
WINTER HAVEN, FL 33881

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President ARNOLD, MELVIN 1236 TANGERINE PARKWAY NE WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Vice President ARNOLD, EDWARD M 3406 HIGHLAND STREET BARTOW, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Sec. & Treasurer ARNOLD, PEGGY 1236 TANGERINE PARKWAY NE WINTER HAVEN, FL 33881
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: Melvin Arnold 4-19-05 863-2999515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #