

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90417 010 ****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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 42-1604711	
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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 P	NAME ARNOLD, MELVIN		<input type="checkbox"/> Delete		
STREET ADDRESS 1236 TANGERINE PARKWAY NE	WINTER HAVEN, FL 33881		TITLE President and Treasurer		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP WINTER HAVEN, FL 33881	WINTER HAVEN, FL 33881		NAME Melvin Arnold		
TITLE VP	NAME ARNOLD, EDWARD M		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS 3406 HIGHLAND STREET	BARTOW, FL		STREET ADDRESS 1236 Tangerine Parkway, NE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP BARTOW, FL	BARTOW, FL		CITY-ST-ZIP Winter Haven, Fl. 33881		
TITLE S	NAME ARNOLD, PEGGY		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS 1236 TANGERINE PARKWAY NE	WINTER HAVEN, FL 33881		STREET ADDRESS 3220 Howard Roberts Rd.		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP WINTER HAVEN, FL 33881	WINTER HAVEN, FL 33881		CITY-ST-ZIP Lakeland, Fl. 33801		
TITLE 	NAME 		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
TITLE 	NAME 		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
TITLE 	NAME 		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Melvin Arnold</u> April 10, 2006 (863)-299-9515					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					