## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Feb 12, 2007 8:00 am Secretary of State **DOCUMENT # N03000007946** 02-12-2007 90082 027 \*\*\*\*70.00 1. Entity Name BREAD OF LIFE MINISTRIES INTERNATIONAL INC. Principal Place of Business Mailing Address 1236 TANGERINE PARKWAY NE 1236 TANGERINE PARKWAY NE 40014048 WINTER HAVEN, FL 33881 WINTER HAVEN, FL 33881 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01202007 Chg-NP CR2E037 (12/06) 4. FEI Number 42-1604711 Applied For City & State City & State Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Obj. ARNOLD, MELVIN 1236 TANGERINE PARKWAY NE Street Address (P.O. Box Number is Not Acceptable) WINTER HAVEN, FL 33881 City 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. DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution Florida Department of State Added to Fees Due by May 1, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition TITLE ☐ Change TITLE ☐ Delete ARNOLD, MELVIN NAME NAME 1236 TANGERINE PARKWAY NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33881 CITY-ST-ZIP VP ☐ Change Addition TITLE ☐ Delete TITLE KRANOCK, GEORGE A NAME NAME STREET ADDRESS 3220 HOWARD ROBERTS RD STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33801 CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition PALMER, EUNICE C NAME NAME STREET ADDRESS 355 OLD LAKE WALES RD STREET ADDRESS BARTOW, FL 33830 CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change Addition ARNOLD, MELVIN NAME STREET ADDRESS 1236 TANGERINE PKWY NE STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33881 CITY -ST-ZIP TITLE □ Change ☐ Addition TITLE Detete 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

☐ Delete

SIGNATURE:

TITLE NAME

STREET ADDRESS

IG OFFICER OR DIRECTOR

1-26:07

☐ Change

☐ Addition

FILED