


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N03000007946	
<b>1. Entity Name</b> BREAD OF LIFE MINISTRIES INTERNATIONAL INC.	

<b>Principal Place of Business</b> 1236 TANGERINE PARKWAY NE WINTER HAVEN, FL 33881	<b>Mailing Address</b> 1236 TANGERINE PARKWAY NE WINTER HAVEN, FL 33881
---	---

DO NOT WRITE IN THIS SPACE



03032008 No Chg-NP CR2E037 (4/06)

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

**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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000898239 04/25/08-80080-007 70.00
---	---	---

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> P	<b>NAME</b> ARNOLD, MELVIN
<b>STREET ADDRESS</b> 1236 TANGERINE PARKWAY NE	<b>CITY-ST-ZIP</b> WINTER HAVEN, FL 33881
<b>TITLE</b> VP	<b>NAME</b> KRANOCK, GEORGE A
<b>STREET ADDRESS</b> 3220 HOWARD ROBERTS RD	<b>CITY-ST-ZIP</b> LAKELAND, FL 33801
<b>TITLE</b> S	<b>NAME</b> LEWIS, DANIEL J
<b>STREET ADDRESS</b> 102 LANDINGS WAY APT 9D	<b>CITY-ST-ZIP</b> WINTER HAVEN, FL 33880
<b>TITLE</b> PT	<b>NAME</b> ARNOLD, MELVIN
<b>STREET ADDRESS</b> 1236 TANGERINE PKWY NE	<b>CITY-ST-ZIP</b> WINTER HAVEN, FL 33881
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP

DO NOT WRITE  
IN THIS SPACE

**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:** Melvin Arnold 4-11-2008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #