2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# N03000007946

Entity Name: BREAD OF LIFE MINISTRIES INTERNATIONAL INC.

Current Principal Place of Business:

1236 TANGERINE PARKWAY NE
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

1236 TANGERINE PARKWAY NE
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 42-1604711 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ARNOLD, MELVIN
Address: 1236 TANGERINE PARKWAY NE
City-St-Zip: WINTER HAVEN, FL 33881

Title: VP ( ) Delete
Name: KRANOCK, GEORGE A
Address: 3220 HOWARD ROBERTS RD
City-St-Zip: LAKELAND, FL 33801

Title: S ( ) Delete
Name: LEWIS, DANIEL J
Address: 102 LANDINGS WAY APT 9D
City-St-Zip: WINTER HAVEN, FL 33880

Title: PT ( ) Delete
Name: ARNOLD, MELVIN
Address: 1236 TANGERINE PKWY NE
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELVIN ARNOLD P 03/10/2009

Electronic Signature of Signing Officer or Director — Date