2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010073

FILED May 17, 2004 Secretary of State

Entity Name: BREAD OF LIFE DELIVERANCE MINISTRIES, INC. (APOSTOLIC)

Current Principal Place of Business: New Principal Place of Business: 1460 NW 54TH AVE LAUDERHILL, FL 33313 **Current Mailing Address: New Mailing Address:** 1460 NW 54TH AVE LAUDERHILL, FL 33313 FEI Number: 41-2115574 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALLEN, NELEATER 517 WÉST CAMPUS CIRCLE FT LAUDERDALE, FL 33312 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete PCD () Change () Addition MCGLASHEN, DESMOND Name: Name: Address: 1460 NW 54TH AVE Address: City-St-Zip: LAUDERHILL, FL 33313 City-St-Zip: Title: Title: () Delete () Change () Addition Name: MCGLASHEN, ALMA Name: Address: 1460 NW 54TH AVE Address: City-St-Zip: LAUDERHILL, FL 33313 City-St-Zip: Title: () Delete Title: () Change (X) Addition MANGAROO, CECIL Name: Name: 2930 NW 56 AVE, APT. A301 Address: Address: City-St-Zip: City-St-Zip: LAUDERHILL, FL 33313 US Title: () Delete Title: () Change (X) Addition Name: Name: FOSTER, RICHARD 6583 SALTARIE TERRACE Address: Address: City-St-Zip: City-St-Zip: MARGATE, FL 33063 US Title: () Delete Title: () Change (X) Addition SIMPSON, JOYCELYN Name: Name: 3371 NW 43RD STREET Address: Address: City-St-Zip: City-St-Zip: LAUDERDERDALE LAKES, FL 33309 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALMA MCGLASHEN V 05/17/2004