

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005712

FILED  
Jan 31, 2005  
Secretary of State

Entity Name: THE HOUSE OF BREAD CHURCH, INC.

**Current Principal Place of Business:**

3101C MICHIGAN AVENUE  
PENSACOLA, FL 32526

**New Principal Place of Business:**

410 W. 9 MILE ROAD  
SUITE C  
PENSACOLA, FL 32534

**Current Mailing Address:**

POST OFFICE BOX 37037  
PENSACOLA, FL 32526

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCGRAW, CLIFFORD  
5657 CHANTERELLE CIRCLE  
MILTON, FL 32583 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: MCGRAW, CLIFFORD  
Address: POST OFFICE BOX 3598  
City-St-Zip: MILTON, FL 32572

Title: D ( ) Delete  
Name: FLOWERS, KENNETH  
Address: 10020 BRISTOL PARK ROAD  
City-St-Zip: CANTONMENT, FL 32533

Title: D ( ) Delete  
Name: MARLOW, AUSTIN  
Address: 9431 DARLENE CIRCLE  
City-St-Zip: PENSACOLA, FL 32526

Title: D ( ) Delete  
Name: WILLIAMS, BOB  
Address: 3342 WILLIAMSWOOD DRIVE  
City-St-Zip: PACE, FL 32571

**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 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: CLIFFORD MCGRAW

P

01/31/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date