

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005712

FILED
Mar 17, 2006
Secretary of State

Entity Name: THE HOUSE OF BREAD CHURCH, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

8025 N. PALAFOX STREET
PENSACOLA, FL 32534

Current Mailing Address:

POST OFFICE BOX 37037
PENSACOLA, FL 32526

New Mailing Address:

8025 N. PALAFOX STREET
PENSACOLA, FL 32534

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:

MCGRAW, CLIFFORD
8025 N. PALAFOX STREET
PENSACOLA, FL 32534 US

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: CLIFFORD MCGRAW

03/17/2006

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCGRAW, CLIFFORD
Address: 8025 N. PALAFOX STREET
City-St-Zip: PENSACOLA, FL 32534

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: D () Change (X) Addition
Name: BERRIAN, SHERRIE TREASUR
Address: 1398 MAZUREK BLVD.
City-St-Zip: PENSACOLA, FL 32414

I hereby certify that the information supplied with this filing does not qualify for the 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: CLIFFORD MCGRAW

P

03/17/2006

Electronic Signature of Signing Officer or Director

Date