



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90098 033 ****61.25

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DOCUMENT # N04000010717 1. Entity Name 5 LOAVES MISSION, INC.					
Principal Place of Business 2056 HILLSBOROUGH ST TALLAHASSEE, FL 32304			Mailing Address 2056 HILLSBOROUGH ST TALLAHASSEE, FL 32304		
2. Principal Place of Business 2056 Hillsborough St Suite, Apt. #, etc.		3. Mailing Address 2056 Hillsborough St Suite, Apt. #, etc.			
City & State Tallahassee, FL Zip 32304		City & State Tallahassee, FL Zip 32304		4. FEI Number 30-0284226	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALI, ZYEEDAH 2056 HILLSBOROUGH ST TALLAHASSEE, FL 32304				7. Name and Address of New Registered Agent Name Zyeedah Ali Street Address (P.O. Box Number is Not Acceptable) 2056 Hillsborough St City Tallahassee FL Zip Code 32304	
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 <u><i>Zyeedah Ali</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/1/05</u>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALI, ZYEEDAH 2056 HILLSBOROUGH ST TALLAHASSEE, FL 32304	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LIGHTFOOT, TUWANNA 1519 JACKSON BLUFF RD TALLAHASSEE, FL 32330	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ISSAC, TYNIKA 3232 E WHITNEY DR TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICHARDS, JUDY G P.O. BOX 323 TALLAHASSEE, FL 32304	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lightfoot, Tuwanna 1519 Jackson bluff Rd Tallahassee, Florida 32330	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Zyeedah Ali</i></u> DATE <u>4/1/05</u> DAYTIME PHONE # <u>850-556-1635</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					