

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jul 25, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # N04000011309**

**1. Entity Name**  
WALTON TEMPLE BREAD OF LIFE MINISTRIES CHURCH  
COGIC INC.



**Principal Place of Business**  
2224 WASHINGTON ST  
MELBOURNE, FL 32906 US

**Mailing Address**  
PO BOX 60958  
PALM BAY, FL 32906 US



07082007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
20-2228719

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MCDONALD, FRANK C P  
1714 HAYS ST. NW  
PALM BAY, FL 32907

**DO NOT WRITE  
IN THIS SPACE**

**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**

*Frank C P McDonald*

Signature, typed or printed name of registered agent, and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/12/07

DATE

**Filing Fee is \$61.25**  
**Due by September 14, 2007**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000770418  
07/25/07-90002-015 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MCDONALD, LAVERNE D D
STREET ADDRESS	1714 HAYS ST. NW
CITY - ST - ZIP	PALM BAY, FL 32907
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*Laverne McDonald*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/07

Date

321768-1153

Daytime Phone #