2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011930

Address:

City-St-Zip:

875 RIVERSIDE DR

CORAL SPRINGS, FL 33071

FILED Jaņ 26, 2<u>00</u>7 Secretary of State

Entity Name: BREAD OF LIFE MERCY MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business: 1901 E. ATLANTIC BOULEVARD 1901 E. ATLANTIC BOULEVARD POMPANO BEACH, FL 33060 POMPANO BEACH, FL 33060 **Current Mailing Address: New Mailing Address:** 1901 E. ATLANTIC BOULEVARD 1901 E. ATLANTIC BOULEVARD POMPANO BEACH, FL 33060 POMPANO BEACH, FL 33060 US FEI Number: 20-3969296 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: CORPCO, INC 2699 SOUTH BAYSHORE DRIVE 7TH FLOOR MIAMI, FL 33133 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CULLIN, THOMAS Name: Name: 12300 NW 77TH MANOR Address: Address: City-St-Zip: PARKLAND, FL 33076 City-St-Zip: Title: () Delete Title: () Change () Addition CULLIN, DELCIE Name: Name: Address: 12300 NW 77TH MANOR Address: City-St-Zip: PARKLAND, FL 33076 City-St-Zip: Title: () Delete Title: () Change () Addition LUBISCHER, JOHN Name: Name: 22701 CAMINO DEL MAR Address: Address: City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: Title: DVP (X) Delete Title: () Change () Addition Name: PAUL, DONALD Name:

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.

Address:

City-St-Zip:

SIGNATURE: THOMAS CULLIN DP 01/26/2007