

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004119

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: BREAD OF LIFE MINISTRIES, INC

## Current Principal Place of Business:

463915 STATE ROAD 200 (A1A)  
YULEE, FL 32097

## New Principal Place of Business:

325 POGY PLACE  
SUITE 1  
FERNANDINA BEACH, FL 32034

## Current Mailing Address:

P O BOX 15305  
FERNANDINA BEACH, FL 32035

## New Mailing Address:

FEI Number: 03-0587417      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

RIZZI, PAUL J  
856 ROBIN HOOD DRIVE  
FERNANDINA BEACH, FL 32034      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: D      ( ) Delete  
Name: RIZZI, PAUL J PASTOR  
Address: 856 ROBIN HOOD DRIVE  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: S      ( ) Delete  
Name: NELSON, CRYSTAL G  
Address: 85646 LONNIE CREWS ROAD  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: TD      ( ) Delete  
Name: NELSON, P. ALLEN  
Address: 85646 LONNIE CREWS ROAD  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D      ( ) Delete  
Name: RIZZI, HELEN E  
Address: 5647 DURANT DRIVE  
City-St-Zip: PORT ORANGE, FL 32127

## 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 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: PAUL J. RIZZI

DIR

04/21/2009

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

\_\_\_\_\_  
Date