2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

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Entity Name: FLORIDA BREAD OF LIFE PROGRAM, INC.

Current Principal Place of Business:

1860 ONTARIO COURT
MIDDLEBURG, FL 32608

New Principal Place of Business:

Current Mailing Address:

PO BOX 150127
JACKSONVILLE, FL 32215

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

THE LAW OFFICES OF NICK SPRADLIN, PLLC
4001 WEST HENRY AVE, SUITE 306
TAMPA, FL 33614 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: JACKS, LAMAR REV.
Address: 1860 ONTARIO COURT
City-St-Zip: MIDDLEBURG, FL 32608

Title: D (X) Delete
Name: MAYTI, DOUG
Address: 1860 ONTARIO COURT
City-St-Zip: MIDDLEBURG, FL 32608

Title: D (X) Delete
Name: FRANCIS, JOHN
Address: 1860 ONTARIO COURT
City-St-Zip: MIDDLEBURG, FL 32608

Title: D (X) Delete
Name: BURKLEY, MITZI DR.
Address: 1860 ONTARIO COURT
City-St-Zip: MIDDLEBURG, FL 32608

Title: D (X) Delete
Name: RIFENBARK, FRED
Address: 1860 ONTARIO COURT
City-St-Zip: MIDDLEBURG, FL 32608

Title: D (X) Delete
Name: GINES, GILBERT
Address: 1860 ONTARIO COURT
City-St-Zip: MIDDLEBURG, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MATYI, DOUG
Address: 1860 ONTARIO CT.
City-St-Zip: MIDDLEBURG, FL 32608

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:

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: JESSE GINES PRES 04/23/2008

Electronic Signature of Signing Officer or Director — Date