2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011381

Current Principal Place of Business:

Entity Name: JESUCRISTO EL PAN DE VIDA, INC.

Apr 07, 2009 Secretary of State

1800 NE 8TH ROAD OCALA, FL 34470

Current Mailing Address: New Mailing Address:

2721 SW 17TH CIR OCALA, FL 34474

FEI Number: 39-2066647 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:

BRAVO, ELBA 2721 SW 17TH CIRCLE OCALA, FL 34474

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

New Principal Place of Business:

OFFICERS AND DIRECTORS: P/D () Delete () Change () Addition BRAVO, ELBA Name: Name: 2721 SW 17TH CIRCLE Address: Address: City-St-Zip: OCALA, FL 34474 City-St-Zip: Title: VICP () Delete Title: () Change () Addition ROSADO, ADALINDA Name: Name: Address: 1575 WESTWARD DR Address: City-St-Zip: MIAMI SPRINGS, FL 33166 City-St-Zip: Title: SEC () Delete Title: SEC (X) Change () Addition VIVAS, INGRID P MONDOL, MAHMUDA B Name: Name: Address: P.O. BOX 6815 Address: 11926 SW 12 CT City-St-Zip: OCALA, FL 34478 City-St-Zip: **DAVIE. FL 33325**

Title: TRE () Delete Title: TRE (X) Change () Addition Name: ROSADO, SIGIFREDO Name: RIOS, CHRISTOPHER

Address: 500 FORREST DR Address: 2721 SW 17 CIRCLE City-St-Zip: MIAMI SPRINGS, FL 33166 City-St-Zip: OCALA, FL 34474

Title: VOCA VOCA () Delete Title: (X) Change () Addition

PEREZ, MINERVA RIOS, BETSA-BETH Name: Name: 6142 NW 54TH TER 2721 SW 17 CIRCLE Address: Address: City-St-Zip: OCALA, FL 34482 City-St-Zip: OCALA, FL 34474

Title: () Delete Title: () Change () Addition

FREYTES FRICK Name: Name: Address: 1800 NE 8TH RD Address: OCALA, FL 34470 City-St-Zip: 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: ELBA BRAVO P/D 04/07/2009