

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009764

FILED
Apr 16, 2009
Secretary of State

Entity Name: CARRYING BREAD TO THE MULTITUDES INTERNATIONAL, INC.

Current Principal Place of Business:

9650 PINES BLVD.
PEMBROKE PINES, FL 33028 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 848142
PEMBROKE PINES, FL 33028 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

BRANKER, CARLYSLE
1271 NW 137 AVENUE
PEMBROKE PINES, FL 33028 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: P () Delete
Name: BRANKER, CARLYSLE
Address: 1271 NW 137 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: VP () Delete
Name: MERCANO-HOLDER, MERLIN
Address: 90 NE 152 STREET
City-St-Zip: MIAMI, FL 33162

Title: VP () Delete
Name: BRANKER, CARLTON
Address: 2251 NW 77 WAY
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: VP () Delete
Name: BRANKER, VICTORIA
Address: 1271 NW 137 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028 US

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: VICTORIA BRANKER

VP

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date