

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13592

FILED
Feb 26, 2009
Secretary of State

Entity Name: CARRYING BREAD TO THE MULTITUDE MINISTRIES, INC.

Current Principal Place of Business:

3367 UNIVERSITY DRIVE
DAVIE, FL 33024

New Principal Place of Business:

9650 PINE BLVD
HOLLYWOOD, FL 33024

Current Mailing Address:

P.O. BOX 848142
PEMBROKE PINES, FL 33084

New Mailing Address:

FEI Number: 65-0145805 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRANKER, CARLTON
3367 UNIVERSITY DRIVE
DAVIE, FL 33024 US

Name and Address of New Registered Agent:

BRANKER, CARLTON
P. O. BOX 848142
HOLLYWOOD, FL 33084 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: _____

02/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: BRANKER, CARLYSLE
Address: 1271 NW 137 AVE
City-St-Zip: HOLLYWOOD, FL 33024

Title: PD () Delete
Name: BRANKER, VICTORIA
Address: 1271 NW 137 AVE
City-St-Zip: HOLLYWOOD, FL 33024

Title: STD () Delete
Name: MERLE MACANO,
Address: 90 N.E. 125 STREET
City-St-Zip: MIAMI, FL 33162

Title: MR. () Delete
Name: BRANKER, CARLTON R
Address: 2251 NW 77 WAY, #201
City-St-Zip: PEMBROKE PINES, FL 33024 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

PD

02/26/2009

Electronic Signature of Signing Officer or Director

Date