

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22445

FILED
Jan 26, 2009
Secretary of State

Entity Name: DAILY BREAD, INC.

Current Principal Place of Business:

815 E. FEE AVE.
MELBOURNE, FL 32901 US

New Principal Place of Business:

Current Mailing Address:

815 E. FEE AVE
MELBOURNE, FL 32901 US

New Mailing Address:

815 E. FEE AVE.
MELBOURNE, FL 32901 US

FEI Number: 59-2846212

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KANTZ, PAUL
4803 SPRINGWATER CIRCLE
MELBOURNE, FL 32440 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: VD () Delete
Name: STRASKO, KAREN
Address: 224 CRYSTAL LAKE DRIVE
City-St-Zip: MELBOURNE, FL 32904

Title: TD () Delete
Name: KENDALL, ROGER
Address: 1050 OAK TREE PLACE
City-St-Zip: MALABAR, FL 32950

Title: PD () Delete
Name: KANTZ, PAUL
Address: 4803 SPRINGWATER CIRCLE
City-St-Zip: MELBOURNE, FL 32940

Title: SD () Delete
Name: GEOGHEGAN, TIMOTHY
Address: 2195 HWY A1A #701
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: WIENCKOSKI, THOMAS
Address: 331 LANSING ISLAND DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937

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 KANTZ

PD

01/26/2009

Electronic Signature of Signing Officer or Director

Date