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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUN 20 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **N26540** **(7)**

1. Corporation Name

BREAD OF LIFE MINISTRIES OF NAPLES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O SUZANNE D. LANIER [redacted] NAPLES FL [redacted] 33942 2640 Golden Gate Pkwy. Suite 206	C/O SUZANNE D. LANIER [redacted] NAPLES FL [redacted] 33942 2640 Golden Gate Pkwy. Suite 206

3. Date Incorporated or Qualified: 05/23/1988
3a. Date of Last Report: 02/15/1994
4. FEI Number: 65-0085691 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2640 Golden Gate Pkwy.	26 2640 Golden Gate Pkwy.
Suite, Apt. #, etc 22 Suite 206	Suite, Apt. #, etc 27 Suite 206
City & State 23 Naples, Florida	City & State 28 Naples, Florida
Zip / Country 24 33942 / 25 USA	Zip / Country 29 33942 / 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LANIER, SUZANNE D. [redacted] [redacted] 2640 Golden Gate Parkway Suite 206 Naples, FL 33942	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 2640 Golden Gate Parkway 83 Suite 206 84 City: Naples FL 85 Zip Code: 33942

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: S. D. Lanier 5/3/95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	P ☐ Change ☐ Addition
NAME	ERMERT, JUDY A.	12 NAME	Ermert, Judy A.
STREET ADDRESS	4770 LAKEWOOD BLVD.	13 STREET ADDRESS	1672 Wellesley Circle #6
CITY ST ZIP	NAPLES FL	14 CITY ST ZIP	Naples, FL 33999
TITLE	VSD	21 TITLE	V ☐ Change ☐ Addition
NAME	ERMERT, RONALD A.	22 NAME	Landry, Michel
STREET ADDRESS	4770 LAKEWOOD BLVD.	23 STREET ADDRESS	1770 Keane Avenue S.W.
CITY ST ZIP	NAPLES FL	24 CITY ST ZIP	Naples, FL 33964
TITLE	D	31 TITLE	S ☐ Change ☐ Addition
NAME	THIGPEN, GRANT	32 NAME	Merritt, Lisa
STREET ADDRESS	4191 3 AVE SW	33 STREET ADDRESS	5551 Ridgewood Dr. #401
CITY ST ZIP	NAPLES FL	34 CITY ST ZIP	Naples, FL 33963
TITLE	D	41 TITLE	D ☐ Change ☐ Addition
NAME	DAVID, BOB	42 NAME	MacDonald, Dr. Robert DDS
STREET ADDRESS	380 SEAVIEW CT	43 STREET ADDRESS	Green Tree Shopping Center
CITY ST ZIP	NAPLES FL	44 CITY ST ZIP	Naples, FL 33942
TITLE	D	51 TITLE	D ☐ Change ☐ Addition
NAME	ROBERTS, CARL	52 NAME	Herriman, Capt. Glen
STREET ADDRESS	114 CYPRESS WAY	53 STREET ADDRESS	2881-64th Street S.W.
CITY ST ZIP	NAPLES FL	54 CITY ST ZIP	Naples, FL 33999
TITLE		61 TITLE	D ☐ Change ☐ Addition
NAME		62 NAME	Keena, Deborah
STREET ADDRESS		63 STREET ADDRESS	4370 Gulfshore Blvd. N.
CITY ST ZIP		64 CITY ST ZIP	Naples, FL 33940

6/20/95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 5/1/95 [redacted]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017500