

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N26540 (7)

1. Corporation Name

BREAD OF LIFE MINISTRIES OF NAPLES, INC.



Principal Place of Business

Mailing Address

C/O SUZANNE D. LANIER
2640 GOLDEN GATE PKWY., SUITE 206
NAPLES FL 33942

C/O SUZANNE D. LANIER
2640 GOLDEN GATE PKWY., SUITE 206
NAPLES FL 33942

3. Date Incorporated or Qualified

05/23/1988

3a. Date of Last Report

06/20/1995

2. Principal Place of Business

2a. Mailing Address

21 5475 SHIRLEY ST

26 5475 SHIRLEY ST

4. FEI Number

65-0085691

Applied For

Not Applicable

Suite, Apt. #, etc.

22 UNIT 3

Suite, Apt. #, etc.

27 UNIT # 3

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

City & State

23 NAPLES FL

City & State

28 NAPLES FL

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

Zip

24 33942

Country

25 COLLIER

Zip

29 33942

Country

30 COLLIER

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANIER, SUZANNE D.
2640 GOLDEN GATE PKWY.
SUITE 206
NAPLES FL 33942

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE

NAME **ERMERT, JUDY A.**
STREET ADDRESS **1672 WELLESLEY CIRCLE #6**
CITY-ST-ZIP **NAPLES FL 33999**

11 TITLE **D** ☐ Change ☒ Addition

12 NAME **JAMES SWARTZ**
13 STREET ADDRESS **55 7th street s.w.**
14 CITY-ST-ZIP **BONITA SPBINGS, FL 33923**

TITLE **V** ☐ DELETE

NAME **LANDRY, MICHEL**
STREET ADDRESS **1770 KEANE AVENUE S.W.**
CITY-ST-ZIP **NAPLES FL 33964**

21 TITLE **P** ☒ Change ☐ Addition

22 NAME **P**
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE **S** ☐ DELETE

NAME **MERRITT, LISA**
STREET ADDRESS **5551 RIDGEWOOD DR. #401**
CITY-ST-ZIP **NAPLES FL 33963**

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE **D** ☒ DELETE

NAME **MACDONALD, DR. ROBERT DDS**
STREET ADDRESS **GREEN TREE SHOPPING CENTER**
CITY-ST-ZIP **NAPLES FL 33942**

41 TITLE **D** ☐ Change ☒ Addition

42 NAME **STEVE BELLMAN**
43 STREET ADDRESS **1711 17th Street S.W.**
44 CITY-ST-ZIP **NAPLES, FL 33964**

TITLE **D** ☒ DELETE

NAME **HERRIMAN, CAPT. GLEN**
STREET ADDRESS **2881-64TH STREET S.W.**
CITY-ST-ZIP **NAPLES FL 33999**

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE **D** ☒ DELETE

NAME **KEENA, DEBORAH**
STREET ADDRESS **4370 GULFSHORE BLVD. N.**
CITY-ST-ZIP **NAPLES FL 33940**

61 TITLE **D** ☐ Change ☒ Addition

62 NAME **TIMOTHY MACDONALD**
63 STREET ADDRESS **55 Erie Drive**
64 CITY-ST-ZIP **NAPLES, FL 33942**

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)(k), 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:

Michel Landry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michel Landry

Jan 29, 1996 (941)
598-2223

CR2E037 (12/95)