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FILED
Mar 26 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

5475 SHIRLEY STREET
UNIT 3
NAPLES FL 33942
US

5475 SHIRLEY STREET
UNIT 3
NAPLES FL 34109-1861
US



3. Date Incorporated or Qualified

05/23/1988

3a. Date of Last Report

02/05/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

34109

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANIER, SUZANNE D.
2640 GOLDEN GATE PKWY.
SUITE 208
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 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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	SWARTZ, JAMES	55 77TH STREET SW	BONITA SPRINGS FL	<input type="checkbox"/>
P	LANDRY, MICHEL	1770 KEANE AVENUE S.W.	NAPLES FL	<input type="checkbox"/>
S	MERRITT, LISA	5551 RIDGEWOOD DR. #401	NAPLES FL 33963	<input type="checkbox"/>
D	BELLMA, STEVE	1711 17TH STREET SW	NAPLES FL	<input checked="" type="checkbox"/>
D	HERRIMAN, CAPT. GLEN	2881-64TH STREET S.W.	NAPLES FL 33999	<input checked="" type="checkbox"/>
D	MACDONALD, TIMOTHY	55 ERIE DRIVE	NAPLES FL	<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing 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:

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

3/4/97 (941) 598-2223
MICHEL LANDRY
Daytime Phone # 0069770

CR2E037 (9/96)