

2000 UNIFORM BUSINESS REPORT (UBR)

4/7/2000 10:00 AM

DOCUMENT # N26540

1. Entity Name

BREAD OF LIFE MINISTRIES OF NAPLES, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

04-07-2000 90044 011 ****61.25

Principal Place of Business
5475 SHIRLEY STREET
UNIT 3
NAPLES FL 34109
US

Mailing Address
5475 SHIRLEY STREET
UNIT 3
NAPLES FL 34109-1861
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
3823 TAMIAHI TR E.
Suite, Apt. #, etc.
PMB
City & State
Naples FL
Zip
34112
Country
Collier

4. FEI Number
65-0085691
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LANIER, SUZANNE D.
2640 GOLDEN GATE PKWY.
SUITE 208
NAPLES FL 33942

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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 *Thomas J. Murphy*

3/3/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	NAME	MURPHY, THOMAS J	STREET ADDRESS	3823 TAMIAHI TR E #190	CITY-ST-ZIP	NAPLES FL 34112	<input type="checkbox"/> Delete
TITLE	D	NAME	VANHEY, STEVE	STREET ADDRESS	780 78TH ST SW	CITY-ST-ZIP	NAPLES FL 34117	<input checked="" type="checkbox"/> Delete
TITLE	D	NAME	MACDONALD, TIMOTHY	STREET ADDRESS	55 ERIE DRIVE	CITY-ST-ZIP	NAPLES FL	<input checked="" type="checkbox"/> Delete
TITLE	D	NAME	MURPHY, SHARON K	STREET ADDRESS	3823 TAMIAHI TR E #190	CITY-ST-ZIP	NAPLES FL 34112	<input type="checkbox"/> Delete
TITLE	D	NAME	Director - TIERNEY, TIMOTHY	STREET ADDRESS	1601 5TH ST NW	CITY-ST-ZIP	NAPLES FL 34120	<input type="checkbox"/> Delete
TITLE	D	NAME	Director - SANTORO, STEPHEN	STREET ADDRESS	501 PELICAN BAY BLVD	CITY-ST-ZIP	NAPLES FL 34108	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME	Director	STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)