

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26775

1. Entity Name

BREAD OF LIFE EVANGELICAL CHURCH, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90098 035 ****61.25

Principal Place of Business

2000 NE 78TH STREET
OCALA FL 34479
US

Bread Of Life Church
P.O. Box 1015
Anthony, FL 32617-1015



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2925818

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Balzer
BAKER, RONALD J
3018 N.E. 38TH STREET
OCALA FL 34479

Name **BALZER, RONALD J**

Street Address (P.O. Box Number is Not Acceptable)
3018 N.E. 38th Street

City

OCALA

FL

Zip Code
34479

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

Ronald J Balzer (Pastor)

3-2-2000

Signature, typed or printed name of registered agent and title 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT	<input type="checkbox"/> Delete
NAME	AMAN, BEATRICE	
STREET ADDRESS	2404 NE 35TH ST	
CITY-ST-ZIP	OCALA FL 34479	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BALZER, RONALD	
STREET ADDRESS	3018 N.E. 38TH STREET	
CITY-ST-ZIP	OCALA FL 34479	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	ZIEGLER, FRANK	
STREET ADDRESS	4035 NE 22ND AVENUE	
CITY-ST-ZIP	OCALA FL 34479	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	CLARK, MICHAEL	
STREET ADDRESS	2340 SW 7 AVE	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	TR	<input type="checkbox"/> Delete
NAME	MATTHEWS, TRACY	
STREET ADDRESS	1340 NE 54TH ST	
CITY-ST-ZIP	OCALA FL 34479	
TITLE	TR	<input type="checkbox"/> Delete
NAME	COLLINS, RAY	
STREET ADDRESS	9844 NE 21ST TERR	
CITY-ST-ZIP	ANTHONY FL 32617	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Balzer, Richard E Sr.	
STREET ADDRESS	4844 N.E. 9th street	
CITY-ST-ZIP	Ocala, FL 34470	
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Howbert, Glenn	
STREET ADDRESS	1070 W. Hwy 329	
CITY-ST-ZIP	Citra, FL 32113	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Ronald J Balzer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-2000

352-351-4858

Date

Daytime Phone #

CR2E037 (9/99)