

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N26775**

1. Entity Name

BREAD OF LIFE EVANGELICAL CHURCH, INC.**FILED****Feb 07, 2002 8:00 am**
Secretary of State

02-07-2002 90067 027 ****61.25

Principal Place of Business

**2000 NE 78TH STREET
OCALA FL 34479
US**

Mailing Address

**%BREAD OF LIFE CHURCH
P O BOX 1015
ANTHONY FL 32617-1015
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2925818

Applied For

Not Applicable

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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** ☐ Delete
NAME **AMAN, BEATRICE**
STREET ADDRESS **2404 NE 35TH ST**
CITY-ST-ZIP **OCALA FL 34479**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DP** ☐ Delete
NAME **BALZER, RONALD**
STREET ADDRESS **3018 N.E. 38TH STREET**
CITY-ST-ZIP **OCALA FL 34479**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TR** ☐ Delete
NAME **BALZER, RICHARD E SR**
STREET ADDRESS **4844 NE 9TH ST**
CITY-ST-ZIP **OCALA FL 34470**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TR** ☐ Delete
NAME **HOWBERT, GLENN**
STREET ADDRESS **1070 W HWY 329**
CITY-ST-ZIP **CITRA FL 32113**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TR** ☐ Delete
NAME **MATTHEWS, TRACY**
STREET ADDRESS **1340 NE 54TH ST**
CITY-ST-ZIP **OCALA FL 34479**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TR** ☐ Delete
NAME **COLLINS, RAY**
STREET ADDRESS **9844 NE 21ST TERR**
CITY-ST-ZIP **ANTHONY FL**TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E037 (9/01)