2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N26775

Jan 14, 2003 Secretary of State

FILED

Entity Name: BREAD OF LIFE EVANGELICAL CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 2000 NE 78TH STREET OCALA, FL 34479 **Current Mailing Address: New Mailing Address: %BREAD OF LIFE CHURCH** %BREAD OF LIFE CHURCH 2000 NE 78TH STREET P O BOX 1015 ANTHONY, FL 326171015 US OCALA, FL 34479 FEI Number: 59-2925818 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BALZER, RONALD J 3018 N.É. 38TH STREET OCALA, FL 34479 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete AMAN, BEATRICE Name: Name: 2404 NE 35TH ST Address: Address: City-St-Zip: OCALA, FL 34479 City-St-Zip: Title: () Delete Title: () Change () Addition BALZER, RONALD Name: Name: Address: 3018 N.E. 38TH STREET Address: City-St-Zip: OCALA, FL 34479 City-St-Zip: Title: () Delete Title: () Change () Addition BALZER, RICHARD E SR Name: Name: 4844 NE 9TH ST Address: Address: City-St-Zip: OCALA, FL 34470 City-St-Zip: Title: TR () Delete Title: () Change () Addition HOWBERT, GLENN Name: Name: 1070 W HWY 329 Address: Address: City-St-Zip: CITRA, FL 32113 City-St-Zip: Title: () Delete Title: (X) Change () Addition MATTHEWS, TRACY LIROT, RON Name: Name: 1340 NE 54TH ST Address: Address: PO BOX 702 ANTHONY, FL 32617 US City-St-Zip: OCALA, FL 34479 City-St-Zip: Title: () Delete Title: () Change () Addition COLLINS, RAY Name: Name: Address: 9844 NE 21ST TERR Address: ANTHONY, FL City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD J BALZER DP 01/14/2003