

FILE NOW: FILING FEE IS \$61.25

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**Apr 23 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Bandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N47509 (7)
1. Corporation Name
OUR DAILY BREAD OF BRADENTON, INC.



Principal Place of Business 1424 14TH ST., W. BRADENTON FL 34205 US	Mailing Address P. O. BOX 9544 BRADENTON FL 34206-9544 US
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3. Date Incorporated or Qualified 02/24/1992	
4. FEI Number 65-0374954	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No u/a	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**WARHOLA, CLAIRE R.
1650 FIRST AVE., W.
BRADENTON FL 34205**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD STENBERG, PATRICIA	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1146 CARMELLZ CIRCLE	1.2 NAME	TD
STREET ADDRESS	SARASOTA FL	1.3 STREET ADDRESS	GRIFFIN, EDWARD J
CITY - ST - ZIP		1.4 CITY - ST - ZIP	1207 C. Sebelli DA. Bradenton, FL 34209
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MULLEN, FATHER M	2.2 NAME	VD
STREET ADDRESS	1220 15TH STREET WEST	2.3 STREET ADDRESS	Ellis, John
CITY - ST - ZIP	BRADENTON FL	2.4 CITY - ST - ZIP	333 Somerset Ave. Sarasota, FL 34243
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAVIN, JAMES J	3.2 NAME	D
STREET ADDRESS	717 NORTHSHORE DR.	3.3 STREET ADDRESS	H. Patricia Fletcher
CITY - ST - ZIP	ANNA MARIA ISLAND FL	3.4 CITY - ST - ZIP	1771 Manatee Ave W. Bradenton, FL 34205
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUFF, REV. PAUL A.	4.2 NAME	D.
STREET ADDRESS	4635 28TH STREET WEST	4.3 STREET ADDRESS	BRIGGS, STUART C
CITY - ST - ZIP	BRADENTON FL	4.4 CITY - ST - ZIP	1326 Perico Point Circle Bradenton, FL 34209
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARHOLA, CLAIRE R	5.2 NAME	D.
STREET ADDRESS	1650 FIRST AVE W #5088	5.3 STREET ADDRESS	CROSS, Ellen
CITY - ST - ZIP	BRADENTON FL	5.4 CITY - ST - ZIP	1120 State Rd. 70 EAST Bradenton, FL 34202
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEYSER, REVEREND A	6.2 NAME	D.
STREET ADDRESS	6311 3RD AVE. WEST	6.3 STREET ADDRESS	Hunter, William
CITY - ST - ZIP	BRADENTON FL	6.4 CITY - ST - ZIP	40 Kirkwood Ch. 6161 Cortez Rd. West Bradenton, FL 34210

14. 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 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: *E.J. Griffin* **E.J. GRIFFIN** 4/14/98 (941) 798-9355

CP2E037 (10/97)