

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90079 049 ****70.00

DOCUMENT # N48966

1. Entity Name

BREAD OF LIFE FELLOWSHIP, INC.



Principal Place of Business

**1508 FULLERS CROSS RD
WINTER GARDEN FL 34787
US**

Mailing Address

**1508 FULLERS CROSS RD
WINTER GARDEN FL 34787
US**

2. Principal Place of Business

**848 E. PLANT ST
Suite, Apt. #, etc.**

3. Mailing Address

**P.O. BOX 770451
Suite, Apt. #, etc.**

City & State

WINTER GARDEN, FL

City & State

WINTER GARDEN, FL

Zip

34787

Country

USA

Zip

34777

Country

USA

4. FEI Number **59-3166797**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ANTHONY, MARK
1508 FULLERS CROSS RD
WINTER GARDEN FL 34787**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **MARK ANTHONY**

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

(NOTE: Registered Agent signature required when reinstating)

3/5/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HEMBROOKE, JOE**
STREET ADDRESS **2188 ALCOBEE CR**
CITY-ST-ZIP **OCOOEE FL 34761**

TITLE **D** ☐ Delete
NAME **ANTHONY, MARK**
STREET ADDRESS **1508 FULLER CROSS RD**
CITY-ST-ZIP **WINTER GARDEN FL**

TITLE **D** ☐ Delete
NAME **ANTHONY, RUTH A.**
STREET ADDRESS **1508 FULLER CROSS RD**
CITY-ST-ZIP **WINTER GARDEN FL**

TITLE **D** ☐ Delete
NAME **HEMBROOKE, CHESTA**
STREET ADDRESS **2188 ALCOBEE CR**
CITY-ST-ZIP **OCOOEE FL 34761**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **NAT'NAL MARK BROOKE**

3/5/03

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