FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 AM 9:09

DOCUMENT # N93000005361 (1)

1. Corporation Name
BREAD OF LIFE CHRISTIAN MISSION, INC.

Principal Place of Business	Mailing Address
4288 HWY 92 WEST #7 PLANT CITY FL 33567	4288 HWY 92 WEST #7 PLANT CITY FL 33567

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/29/1993
3a. Date of Last Report: 09/08/1994
4. FEI Number: 59-3194989 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

SANTANA, JULIO A
4288 HWY 92 WEST
SUITE 7
PLANT CITY FL 33567

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP ☒ Change ☐ Addition
NAME	DELGADO, PETRA J	1.2 NAME / 1.3 STREET ADDRESS	Thomas, Tkachuck, Rev. 2401 S. Park Ave.
STREET ADDRESS	611 WEATHERWANE CT.	1.4 CITY-ST-ZIP	Sanford, FL 32711
CITY-ST-ZIP	BRANDON FL		
TITLE	DV	2.1 TITLE	DV ☒ Change ☐ Addition
NAME	SORIA, RAMON	2.2 NAME / 2.3 STREET ADDRESS	Lugo, Alberto 4713 E. Linebaugh St.
STREET ADDRESS	1904 PADDOCK DR.	2.4 CITY-ST-ZIP	Tampa, Fl 33617
CITY-ST-ZIP	PLANT CITY FL 33567		
TITLE	DST	3.1 TITLE	DS ☒ Change ☐ Addition
NAME	QUIRINO, MIGUEL G	3.2 NAME / 3.3 STREET ADDRESS	Woerner-Vaughn, Norma-Jean 2003 W. Keysville Rd.
STREET ADDRESS	3722 PETTIE RD.	3.4 CITY-ST-ZIP	Plant City, FL 33567
CITY-ST-ZIP	DOVER FL 33527		
TITLE		4.1 TITLE	D ☐ Change ☒ Addition
NAME		4.2 NAME / 4.3 STREET ADDRESS	Espinoza, Enedelia 7222 Stafford Rd.
STREET ADDRESS		4.4 CITY-ST-ZIP	Dover, FL 33527
CITY-ST-ZIP			
TITLE		5.1 TITLE	D ☐ Change ☒ Addition
NAME		5.2 NAME / 5.3 STREET ADDRESS	Santana, Julio A., Rev. 4288 Hwy 92 W #7
STREET ADDRESS		5.4 CITY-ST-ZIP	Plant City, FL 33567
CITY-ST-ZIP			
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME / 6.3 STREET ADDRESS	
STREET ADDRESS		6.4 CITY-ST-ZIP	
CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Enedelia Espinoza 3-1-95 813-986-7282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0083744