FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: **11/29/1993**
3a. Date of Last Report: **03/22/1995**

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 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 _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP THOMAS, TKACHUCK R 2401 S. PARK AVE. SANFORD FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV LUGO, ALBERTO 4713 E. LINEBAUGH ST. TAMPA FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition DV Louis Alvarez 5905 Mar-Jo Dr. Tampa, fl 33617
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS WOERNER-VAUGHN, NORMA-JEAN 2003 W. KEYSVILLE RD. PLANT CITY FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition DS Xenia Alvarez 5905 Mar-Jo Dr. Tampa, Fl 33617
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ESPINOZA, ENEDELIA 7222 STAFFORD RD. DOVER FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition DT Kim Frosell P. O. Box 3295 Plant City, FL 33566 N/A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANTANA, JULIO A. R 4288 HWY 92 W #7 PLANT CITY FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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)(k), 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: Rev. Thomas Tkachuck Feb. 24, 1996 (407)322-4584
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)