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Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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
601 N MICHIGAN AVE PLANT CITY FL 33566 US	P O BOX 536 PLANT CITY FL 33664-0536 US

3. Date Incorporated or Qualified: 11/29/1993

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 908 E. Reynolds St.	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Plant City, Florida	28 City & State
24 Zip: 33565 / 25 Country: USA	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

SANTANA, JULIO A
2436 RIVERWOOD DR
MULBERRY FL 33860

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	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS, TKACHUCK R		1.2 NAME		
STREET ADDRESS	2401 S. PARK AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BASS, JAMES		2.2 NAME		
STREET ADDRESS	1103 N WHEELER ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL		2.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HALLBERG, LORENE		3.2 NAME		
STREET ADDRESS	3209 CONCORD WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL		3.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FROSELL, KIM		4.2 NAME		
STREET ADDRESS	P O BOX 3295 N/A		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALNT CITY FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	SANTANA, JULIO A. R		5.2 NAME	SANTANA Julio A. R	
STREET ADDRESS	4288 HWY 92 W #7 N/A		5.3 STREET ADDRESS	P.O. Box 536	
CITY-ST-ZIP	PLANT CITY FL		5.4 CITY-ST-ZIP	Plant City, Fl. 33664-0536	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Julio A. Santana Julio A. SANTANA 3-12-98 (813) 754-2840