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**May 08, 1999 8:00 am**
**Secretary of State**
05-08-1999 90029 015 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000005361**

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

| Principal Place of Business | Mailing Address |
|---|---|
| 908 E REYNOLDS ST<br>PLANT CITY FL 33565<br>US | P O BOX 536<br>PLANT CITY FL 33664-0536<br>US |

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
11/29/1993

4. FEI Number
59-3194989
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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)
83 306 E. Tomlin St.
84 City Plant City **FL** 85 Zip Code 33566

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 | DP | ☒ Change ☐ Addition |
| NAME | THOMAS, TKACHUCK R | | 1.2 NAME | James Bass | |
| STREET ADDRESS | 2401 S. PARK AVE. | | 1.3 STREET ADDRESS | 1103 N. Wheeler St. | |
| CITY-ST-ZIP | SANFORD FL | | 1.4 CITY-ST-ZIP | Plant City, Fl 33566 | |
| TITLE | DV | ☐ DELETE | 2.1 TITLE | DV | ☐ Change ☒ Addition |
| NAME | BASS, JAMES | | 2.2 NAME | Gordon Condit | |
| STREET ADDRESS | 1103 N WHEELER ST | | 2.3 STREET ADDRESS | 1200 E. Cleveland St. | |
| CITY-ST-ZIP | PLANT CITY FL | | 2.4 CITY-ST-ZIP | Hernando, Fl 32642 | |
| 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 | PLANT CITY FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SANTANA, JULIO A. R | | 5.2 NAME | | |
| STREET ADDRESS | P. O. BOX 536 N/A | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PLANT CITY FL 33664 | | 5.4 CITY-ST-ZIP | | |
| 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 | | |

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, with all other like empowered.

**SIGNATURE:** Julio A. Santana SIGNATURE REQUIRED Julio A. SANTANA 5-5-99 813-754-2540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)