

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State
 04-03-2001 90027 005 ****61.25

UBR: 3

DOCUMENT # N93000005361

1. Entity Name

BREAD OF LIFE CHRISTIAN MISSION, INC.

Principal Place of Business

908 E REYNOLDS ST
 PLANT CITY FL 33565
 US

Mailing Address

P O BOX 536
 PLANT CITY FL 33664-0536
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3194989

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANTANA, JULIO A
306 E. TOMLIN STREET
PLANT CITY FL 33566

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BASS, JAMES 1103 N. WHEELER STREET PLANT CITY FL 33566	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HALLBERG, LORENE 3209 CONCORD WAY PLANT CITY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PRUET, DELIA 3217 KILMER DR PLANT CITY FL 33567	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTANA, JULIO A. R P. O. BOX 536 N/A PLANT CITY FL 33664	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CONDIT, GORDON 1200 E. CLEVELAND ST HERNANADO FL 32642	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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:

Julio A. Santana
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-29-01 813-754-2840

CR2E037 (10/00)