


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 12, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000005361</b>	
1. Entity Name <b>BREAD OF LIFE CHRISTIAN MISSION, INC.</b>	

Principal Place of Business <b>908 E REYNOLDS ST PLANT CITY, FL 33565 US</b>	Mailing Address <b>P O BOX 536 PLANT CITY, FL 33564-0536 US</b>
---	--

DO NOT WRITE IN THIS SPACE



03262008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3194989</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**SANTANA, JULIO A  
3717 NELSON AVE.  
DOVER, FL 33527**

DO NOT WRITE  
IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Julio A. Santana* DATE 5/1/08

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

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000950842</b> <b>06/01/08-20008-001 \$1.25</b>
---	--	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P TANNER, BOB 3006 BARRET AVE PLANT CITY, FL 33567</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MAGANN, DAVE 339 E ROBERTSON ST BRANDON, FL 33511</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T TANNER, BOB 3006 BARRET AVE PLANT CITY, FL 33567</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SANTANA, PEDRO P.O. BOX 536 PLANT CITY, FL 33564</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* **5/1/08** **(813) 754-2840**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone