

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003872

FILED
Apr 28, 2009
Secretary of State

Entity Name: THE BREAD OF LIFE MISSION, INC.

Current Principal Place of Business:

6454 SCOTT ST
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

6454 SCOTT ST
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 65-0512479

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, JUDY
6454 SCOTT STREET
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JONES, JUDY
Address: 6454 SCOTT STREET
City-St-Zip: PUNTA GORDA, FL 33950

Title: D (X) Delete
Name: BENNETT, ELLEN
Address: 20223 MACOM LN
City-St-Zip: PORT CHARLOTTE, FL 33950

Title: D () Delete
Name: HILL, ROSCOE
Address: 390 MONACO ST
City-St-Zip: PUNTA GORDA, FL 33950

Title: D (X) Delete
Name: WILEY, ROY
Address: 653 MARY ST
City-St-Zip: PUNTA GORDA, FL 33950

Title: D (X) Delete
Name: REV. MARION, JAMES
Address: 3001 E, IDEWILD AVE
City-St-Zip: TAMPA, FL 33610

Title: S (X) Delete
Name: HAMILTON, DARIE
Address: 6454 SCOTT ST
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDY JONES

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date