

# 2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N94000003872

FILED  
Oct 21, 2010  
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:** JUDY JONES

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

**Title:** D  
**Name:** MCNAIR, JOEL  
**Address:** 6454 SCOTT STREET  
**City-St-Zip:** PUNTA GORDA, FL 33950

**Title:** D  
**Name:** PRATT, RUTH  
**Address:** 6454 SCOTT STREET  
**City-St-Zip:** PUNTA GORDA, FL 33950

**Title:** D  
**Name:** BENDA, JON  
**Address:** 6454 SCOTT STREET  
**City-St-Zip:** PUNTA GORDA, FL 33950

**Title:** D  
**Name:** CLAY, SYLVIA  
**Address:** 6454 SCOTT STREET  
**City-St-Zip:** PUNTA GORDA, FL 33950

I hereby 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 all other like empowered.

**SIGNATURE:** JUDY JONES

PD

10/21/2010

Electronic Signature of Signing Officer or Director

Date