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REC. DEPT. OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathem
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000004038 (5)**

1. Corporation Name

LVING BREAD OF LIFE, INC.

Principal Place of Business

Mailing Address

9645 DANTEL DRIVE
NEW PORT RICHEY FL 34654

9645 DANTEL DRIVE
NEW PORT RICHEY FL 34654

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

08/12/1994

N/A

4. FEI Number

59-3266070

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 9645 Dantel Dr.

26 9645 Dantel Drive

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

23 New Port Richey, FLA.

28 Florida

24 Zip

25 Country

29 Zip

30 Country

24 34654

25 FLA

29 34654

30 FLA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLOREZ, FRED A
9645 DANTEL DRIVE
NEW PORT RICHEY FL 34654

81 Name

82 Street Address (P O Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 607.0505, Florida Statutes.

SIGNATURE

Freda Florez

NOTE: Registered Agent signature required when registering

3-31-95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: President
NAME: Freda Florez
STREET ADDRESS: 9645 Dantel Dr.
CITY, ST, ZIP: New Port Richey, FLA. 34654

11 TITLE: Change Addition
12 NAME: 70000145344
13 STREET ADDRESS: -04/15/95 - 01105--007
14 CITY, ST, ZIP: ***130.00 ***137.00

TITLE: Laine Cote, Secretary-Treasurer
NAME: Laine Cote
STREET ADDRESS: 190 Pinell's Lane
CITY, ST, ZIP: COCOA BEACH, FLA. 32931

21 TITLE: Change Addition
22 NAME:
23 STREET ADDRESS:
24 CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

31 TITLE: Change Addition
32 NAME:
33 STREET ADDRESS:
34 CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

41 TITLE: Change Addition
42 NAME:
43 STREET ADDRESS:
44 CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

51 TITLE: Change Addition
52 NAME:
53 STREET ADDRESS:
54 CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

61 TITLE: Change Addition
62 NAME:
63 STREET ADDRESS:
64 CITY, ST, ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, 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 of this report, or on an attachment with an address.

SIGNATURE:

Freda Florez

Freda Florez

3-11-95

813-841-9286

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Prefix