

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90016 034 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



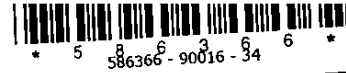
FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N94000004038**

1. Corporation Name
LIVING BREAD OF LIFE, INC.

Principal Place of Business
 9645 DANTEL DRIVE
 NEW PORT RICHEY FL 34654

Mailing Address
 9645 DANTEL DRIVE
 NEW PORT RICHEY FL 34654



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/12/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3266070	
City & State		City & State		Applied For Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent
FLOREZ, FRED A
9645 DANTEL DRIVE
NEW PORT RICHEY FL 34654

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREDA FLOREZ	1.2 NAME	
STREET ADDRESS	9645 DANTEL DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREDA FLOREZ	2.2 NAME	
STREET ADDRESS	9645 DANTEL DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAINÉ COTE	3.2 NAME	
STREET ADDRESS	190 PINELLIS LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL 32931	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN NORMAN, WILLIAM C	4.2 NAME	<i>Vice-President, Director</i>
STREET ADDRESS	6618 S. BEAGLE DR.	4.3 STREET ADDRESS	<i>VAN NORMAN, William C.</i>
CITY-ST-ZIP	HOMOSASSA FL 34446	4.4 CITY-ST-ZIP	<i>6618 S. BEAGLE DR.</i>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 or 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William C. Van Norman* **WILLIAM C. VAN NORMAN (727) 841-9286**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **6/30/99** Daytime Phone #

CR2E037 (5/99)