

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2002 8:00 am
Secretary of State

01-22-2002 90095 042 ****61.25

DOCUMENT # N94000004038

1. Entity Name
LIVING BREAD OF LIFE, INC.

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

308259



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3266070		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
FLOREZ, FREDA 9645 DANTEL DRIVE NEW PORT RICHEY FL 34654				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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.

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FREDA FLOREZ			NAME			
STREET ADDRESS	9645 DANTEL DR			STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL 34654			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FREDA FLOREZ			NAME			
STREET ADDRESS	9645 DANTEL DR			STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL 34654			CITY-ST-ZIP			
TITLE	ID	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAINÉ COTE			NAME			
STREET ADDRESS	190 PINELLIS LANE			STREET ADDRESS			
CITY-ST-ZIP	COCOA BEACH FL 32931			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VAN NORMAN, WILLIAM C			NAME			
STREET ADDRESS	6618 S. BEAGLE DR.			STREET ADDRESS			
CITY-ST-ZIP	HOMOSASSA FL 34446			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. 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 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: *William C. Van Norman* **WILLIAM C. VAN NORMAN** 1/9/02 727-843-9218
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/01)