


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90109 028 \*\*\*\*61.25

**DOCUMENT # N94000004038**

1. Entity Name  
**LIVING BREAD OF LIFE, INC.**



Principal Place of Business      Mailing Address

**7650 FOREST TRAIL # 5  
NEW PORT RICHEY FL 34668**      **7650 FOREST TRAIL # 5  
NEW PORT RICHEY FL 34668**



1st MOORE      CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**7650 Forest Trail #5**      **7650 Forest Trail #5**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

**Port Richey**      **Port Richey**  
City & State      City & State

**Florida**      **Florida**  
City & State

**34668**      **34668**  
Zip      Zip

**PASCO**      **PASCO**  
Country      Country

4. FEI Number      Applied For

**59-3266070**      Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FLOREZ, FREDA  
7650 FOREST TRAIL # 5  
NEW PORT RICHEY FL 34668**

7. Name and Address of New Registered Agent

Name **FREDA Florez**

Street Address (P.O. Box Number is Not Acceptable) **7650 Forest Trail #5**

City **Port Richey**      **FL**      Zip Code **34668**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Freda Florez, President Pastor**      **FREDA FLOREZ**      **1/26/07**  
Signature, typed or printed name of registered agent and title, if applicable.      (NOTE: Registered Agent signature required when reinstating.)      DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	FLOREZ, FREDA	7650 FOREST TRAIL # 5	NEW PORT RICHEY FL 34668	<input type="checkbox"/>
Treasurer	Helaine E. Cote	18 Country Club Rd	Cocoa Beach, FL 32931	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: **Freda Florez**      **FREDA Florez**      **1/26/07**      **777-815-9897**  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #