

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 08, 2008  
Secretary of State**

DOCUMENT# N94000004038

Entity Name: LIVING BREAD OF LIFE, INC.

**Current Principal Place of Business:**

7650 FOREST TRAIL # 5  
NEW PORT RICHEY, FL 34668

**New Principal Place of Business:**

**Current Mailing Address:**

7650 FOREST TRAIL # 5  
NEW PORT RICHEY, FL 34668

**New Mailing Address:**

FEI Number: 59-3266070      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: FLOREZ, FREDA  
Address: 7650 FOREST TRAIL # 5  
City-St-Zip: NEW PORT RICHEY, FL 34668

Title: T      ( ) Delete  
Name: COTE, HELAINE E  
Address: 18 COUNTRY CLUB RD  
City-St-Zip: COCOA BEACH, FL 32931

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T      (X) Change ( ) Addition  
Name: JOANN, HRUBY  
Address: 7808 LAKESIDEWOODLANDS DR.  
City-St-Zip: HUDSON, FL 34667

Title: S      ( ) Change (X) Addition  
Name: MCGAUGHAN, CAROLYN L  
Address: 10515 MIRA VISTA DR.  
City-St-Zip: PORT RICHEY, FL 34668

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FREDA FLOREZ

PD

01/08/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date