2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9400004038

1. Entity Name

LIVING BREAD OF LIFE, INC.



FILED Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90102 008 ****61.25

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0645 DANTEL DRIVE 9645 I NEW PORT RICHEY FL 34654 NEW I			Address Antel Drive Ort Richey FL 346	54		1 16 8 11 6 1 8 1 8 1 8 1 8 1 8 1 8 1 8	DIDH BOHI BOHI DOMI DANK ONIK	DI 631 60106 1/11	N 1811 I 18 1	
			Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Number 59-3266070 Applied For Not Applicable				
Zip Country Z				Cou	ntry 5. Certificate of Status D			7 CC 1 10 qui o 4		
	6. Name and Address of Current	d Agent		7. Name and Address of New Registered Agent						
	6. Name and Address of Current	riegiotoro	a rigo		Name					
FLOREZ, FREDA 9645 DANTEL DRIVE					Street Address (P.O. Box Number is Not Acceptable)					
NEW PORT RICHEY FL 34654			_		City		FL	Zip Code		
	named entity submits this statement for				,		• -			
SIGNATURE	ons of registered agent. Signature, typed or printed name of registered agent	and title if app	licable. (NOT	E: Registere	d Agent signature req	uired when reinstating)	DATE			
F	FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State				
	OFFICEO AND DI	PECTORS		11.	· -	ADDITIONS/CHANGE	S TO OFFICERS AND DIR	ECTORS IN	10	
10,5	OFFICERS AND DI	RECTORS	☐ Delete	TITL		7.00177071070111111		☐ Change	Addition	
STREET ADDRESS	FREDA FLOREZ 9645 DANTEL DR	Į.	□ Delete	NAM STRE						
CITY-ST-ZIP TITLE	PD PD FLORET		☐ Delete	TITL	E	-		☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	FREDA FLOREZ 9645 DANTEL DR NEW PORT RICHEY FL 34654			STR	EET ADDRESS	بنر		and the second second second	-+=	
TITLE NAME STREET ADDRESS	TD LAINE COTE 190 PINELLIS LANE		☐ Delete					☐ Change	Addition	
CITY-ST-ZIP TITLE NAME	COCOA BEACH FL 32931 VD VAN NORMAN, WILLIAM C		Delete	TITL NAN	E			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	6618 S. BEAGLE DR. HOMOSASSA FL 34446		.:		EET ADDRESS Y-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS			☐ Delete		ME REET ADDRESS			Change	Addition	
CITY-ST-ZIP		ith this fills	a does not qualify t		Y-ST-ZIP emotion stated	in Section 119.07(3)(i). Flo	rida Statutes. I further cer	tify that the i	information	

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.073(f), Florida Statutes. Florida Statutes in the same legal effect as if made under oath; that I am an officer or director indicated on this report or supplementary report is true and acquirate 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 of 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. Freda Florez 1-6-03 727-841-9286

SIGNATURE: