

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

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

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



**DOCUMENT # N94000004038**

1. Entity 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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-3266070**  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**FLOREZ, FREDA  
9645 DANTEL DRIVE  
NEW PORT RICHEY FL 34654**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

**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**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FREDA FLOREZ	
STREET ADDRESS	9645 DANTEL DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FREDA FLOREZ	
STREET ADDRESS	9645 DANTEL DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LAINÉ COTE	
STREET ADDRESS	190 PINELLIS LANE	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	VAN NORMAN, WILLIAM C	
STREET ADDRESS	6618 S. BEAGLE DR.	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Freda Florez **FREDA FLOREZ** Freda Florez 1-6-03 727-841-9286  
Date Daytime Phone #

CR2E037 (10/02)