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Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N 96 000000 131 1. Corporation Name: <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <i>House of Bread Ministries Inc.</i> </div>					
Principal Place of Business <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <i>613 SE Tusawilla Ave</i> </div>			Mailing Address <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <i>P.O. Box 5616</i> <i>Ocala, FL 34478</i> </div>		
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country		2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country		3. Date Incorporated or Qualified <i>1-8-96</i> 3a. Date of Last Report <i>N/A</i> 4. FEI Number <input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <i>Samuel Allen Perkins</i> <i>613 SE Tusawilla Ave</i> <i>Ocala FL 34471</i> </div>			10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City <div style="text-align: right;"> FL 85. Zip Code </div>		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <i>PD</i> <input type="checkbox"/> DELETE NAME <i>Louise Perkins</i> STREET ADDRESS <i>10806 SE 55th Ave.</i> CITY- ST- ZIP <i>Bellevue, FL 34420</i>			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP		
TITLE <i>VPD</i> <input type="checkbox"/> DELETE NAME <i>Jack Perkins</i> STREET ADDRESS <i>10806 SE 55th Ave</i> CITY- ST- ZIP <i>Bellevue, FL 34420</i>			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP			3.1 TITLE <i>SD</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME <i>Vickie Kearse</i> 3.3 STREET ADDRESS <i>1128 SE 36th Ave</i> 3.4 CITY- ST- ZIP <i>Ocala, FL 34470</i>		
TITLE <i>TD</i> <input type="checkbox"/> DELETE NAME <i>Grace Panesso</i> STREET ADDRESS <i>6690 SE 24th Ave</i> CITY- ST- ZIP <i>Ocala FL 34480</i>			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP		
14. I do 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 annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.			<div style="text-align: right;"> 900002153029 -04/24/97--01006--001 ***61.25 </div>		
SIGNATURE: <i>Jack Perkins</i> JACK PERKINS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>4.14.97</i> Daytime Phone # <i>867-7157</i>		

CR2E037 (9/96)