

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # **N96000000131 (0)**

1. Corporation Name

HOUSE OF BREAD MINISTRIES INC.

Principal Place of Business

Mailing Address

**613 SE TUSCAWILLA AVE
OCALA FL 34471**

**P.O. BOX 5616
OCALA FL 34478**



3. Date Incorporated or Qualified

01/08/1996

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PERKINS, SAMUEL A
613 SE TUSCAWILLA AVE
OCALA FL 34471**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 **PD** ☒ DELETE
NAME **PERKINS, LOUISE**
STREET ADDRESS **10806 SE 55TH AVE.**
CITY-ST-ZIP **BELLEVIEW FL 34420**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Jarvis, Paul**
1.3 STREET ADDRESS **HC4 Bx 913**
1.4 CITY-ST-ZIP **Old Town, FL 32680**

TITLE **VPD** ☐ DELETE
NAME **PERKINS, JACK**
STREET ADDRESS **10806 SE 55TH AVE.**
CITY-ST-ZIP **BELLEVIEW FL 34420**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SD** ☒ DELETE
NAME **KEARCE, VICKIE**
STREET ADDRESS **1128 SE 38TH AVE**
CITY-ST-ZIP **OCALA FL 34470**

3.1 TITLE **SD** ☒ Change ☐ Addition
3.2 NAME **Perkins, Joye**
3.3 STREET ADDRESS **613 SE Tusawilla Ave**
3.4 CITY-ST-ZIP **Ocala, FL 34471**

TITLE **TD** ☐ DELETE
NAME **PANESSO, GRACE**
STREET ADDRESS **6690 SE 24TH AVE**
CITY-ST-ZIP **OCALA FL 34480**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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.

SIGNATURE:

PAUL JARVIS

2-14-98 622-4104

CR2E037 (10/97)