

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90009 037 \*\*\*\*61.25

03-17-1999 90009 038 \*\*\*\*\*8.75

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<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000000131**

1. Corporation Name

**HOUSE OF BREAD MINISTRIES INC.**

Principal Place of Business

613 SE TUSCAWILLA AVE  
OCALA FL 34471

Mailing Address

P.O. BOX 5616  
OCALA FL 34478



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

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

9. Name and Address of Current Registered Agent

PERKINS, SAMUEL A  
613 SE TUSCAWILLA AVE  
OCALA FL 34471

10. Name and Address of New Registered Agent

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

*Samuel Perkins*  
Signature, typed or printed name of registered agent and title if applicable

*Samuel Perkins*

(NOTE: Registered Agent signature required when reinstating)

DATE

1-2-99

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME JARVIS, PAUL  
STREET ADDRESS HC 4 BOX 913  
CITY-ST-ZIP OLD TOWN FL 32680

☐ DELETE

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

☒ DELETE

TITLE SD  
NAME PERKINS, JOYE  
STREET ADDRESS 613 SE TUSCAWILLA AVE  
CITY-ST-ZIP Ocala FL 34471

☐ DELETE

TITLE TD  
NAME PANESSO, GRACE  
STREET ADDRESS 6690 SE 24TH AVE  
CITY-ST-ZIP Ocala FL 34480

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

☐ Change ☐ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

☒ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

*Joye Perkins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2-99

Date

(352) 867-7157

Daytime Phone #

CR2E037 (11/98)