

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000131

1. Entity Name

HOUSE OF BREAD MINISTRIES INC.

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90034 027 ****61.25

Principal Place of Business

Mailing Address

613 SE TUSCAWILLA AVE
OCALA FL 34471

P.O. BOX 5616
OCALA FL 34478-5616

00000004

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERKINS, SAMUEL A
613 SE TUSCAWILLA AVE
OCALA FL 34471

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME MARKHAM, JOHN
STREET ADDRESS 8350 NW 145 STREET
CITY-ST-ZIP REDDICK FL

TITLE TD ☒ Change ☐ Addition
NAME MARKHAM, JOANN
STREET ADDRESS 8350 NW 145 ST.
CITY-ST-ZIP Reddick FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

1-10-00

CR2E037 (9/99)