

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 05, 2002 8:00 am  
Secretary of State

03-05-2002 90106 010 \*\*\*\*70.00

DOCUMENT # N96000000131

1. Entity 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

7500 NE 230 St.  
Suite, Apt. #, etc.

3. Mailing Address

7500 NE 230 St.  
Suite, Apt. #, etc.

City & State

Citra FL

City & State

Citra FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

32113

Country

US

Zip

32113

Country

US

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fees Required

6. Name and Address of Current Registered Agent

PERKINS, SAMUEL A  
613 SE TUSCAWILLA AVE  
OCALA FL 34471

7. Name and Address of New Registered Agent

Name: Ronnie Dale Miller

Street Address (P.O. Box Number is Not Acceptable):  
7500 NE 230 St.

City: Citra

FL

Zip Code: 32113

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

*Ronnie D. Miller* *Ronnie Dale Miller* 2/18/02  
(NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JARVIS, PAUL HC 4 BOX 913 OLD TOWN FL 32680	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PERKINS, JOYE 613 SE TUSCAWILLA AVE OCALA FL 34471	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARKHAM, JOANN 8350 NW 145 STREET REDDICK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RONNIE DALE MILLER 7500 NE 230 St Citra FL 32113	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/Treas Carol Wade P.O. Box 1245 FT McCoy FL 32134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALT Sec/Treas Alisha Miller P.O. Box 107 Orange Spgs FL 32182	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Ronnie D. Miller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

2/18/02 352 546 2605

CR2E037 (9/01)