Control         Maining Address         Maining Address           2 Procipal Place of Business         Maining Address         Procipal Place of Business         Do Box 566           2 Procipal Place of Business         A Maining Address         Do Box 566         Do Box 566           2 Procipal Place of Business         A Maining Address         Do Box 566         Do Not Weitz IN This Space           2 Procipal Place of Business         A Maining Address         Control         4         TELMANDE         Procipal Place of Business           2 More and Address of Dournell Registered Agent         Control         Control         4         TELMANDE         Procipal Place of Place           2 More and Address of Ournell Registered Agent         None and Address of Ournell Registered Agent         None and Address of Ournell Registered Agent         None and Address of Ournell Registered Agent           2 Ministry         A Barrow         State Address of Ournell Registered Agent         None and Address of Porde         The Address of Ournell Registered Agent           2 Ministry         Control         State Address of Ournell Registered Agent         None and Address of Porde         The Address of Ournell Registered Agent           2 Ministry         Control         State Address of Ournell Registered Agent         None and Address of Porde         The Address of Dorde           2 Contr         Control	2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N9600000131 1. Entity Name HOUSE OF BREAD MINISTRIES INC.					FILED Mar 05, 2002 8:00 am Secretary of State		
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32113       45       321/3       45       Contraction devices and Address of Current Registered Agent         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       Name and Address of New Registered Agent         PERKINS, SAMUEL A B13 SE TUSCAMILLA AVE OCALA FL 34471       The above named antity submits this statement for the purpose of changing its registered affects or registered agent, or both, in the state of Pordas.         3. The above named antity submits this statement for the purpose of changing its registered agent, or both, in the state of Pordas.       Data FL 321/13         5. The above named antity submits this statement for the purpose of changing its registered agent, and the registered agent, or both, in the state of Pordas.       Data FL 321/13         Stepace Agent system system and the registered agent and the registered agent agence restrict	Citro	* / /	CitrA F		·			
6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent         PERKINS, SAMUEL A       Street Address (PA: Ban, Correct Address (PA: Ban, Correc, Ban, Correct Address (PA: Ban, Correct A	32113	LS LS	32113		5. Certificate of St			
PERKINS, SAMUEL A 613 SE TUSCAWILLA AVE OCALA FL 34471       Street Address (P.O. Box Number is Not Acceptable). TSOO N.E. 330 ST.         The above named entity submits this statement for the purpose of changing its registered affect or registered agent, or both, in the state of Florida.       FL       Zip Code 32 J 1/3         SIGNATURE       Security submits this statement for the purpose of changing its registered affect or registered agent, or both, in the state of Florida.       Signature of mainteent and on the purpose of changing its registered agent, or both, in the state of Florida.         SIGNATURE       Secure a space of mainteent and on purpose of changing its registered agent, or both, in the state of Florida.       Signature of mainteent and on purpose of changing its registered agent, or both, in the state of Florida.         SIGNATURE       Secure a space of mainteent and of hypothematic parts agent and abene mature).       Mainteent and a space of mainteent and a space of mainteent and a space of mainteent of state address in the state of Florida.         SIGNATURE       P.D. OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 10.         Intel       PD       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 10.         Intel       PD       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 10.         Intel       PD       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 10. <t< th=""><th>20110</th><th>6. Name and Address of Current</th><th>Registered Agent</th><th></th><th>7. Name and Add</th><th>ress of New Registered A</th><th>gent</th><th></th></t<>	20110	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Registered A	gent	
Circle Arra       FL       Zip Code 3 21/3         3. 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.       FL       Zip Code 3 2/13         3. 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.       Miller, 2/18/o         3. The above named entity submits this statement for the purpose of changing financing start and registered signed and the applicate       Intel Added to Fees       Malke Check Payable to Department of State         9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees       Malke Check Payable to Department of State         10.       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10         ITLE       PD Mark to BOX 913       ITLE       Reserve and the Miller (Change (Change ) Addit Malke       Addit         11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10       ITLE       Reserve and the Miller (Change ) Addit       Addit         11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10       ITLE       Reserve and the Miller (Change ) Addit       Addit         11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10       ITLE       Reserve and the Miller (Change ) Addit       Addit         11.       ADDITIONS (Chang ) Addit       State 200 Cos , 12 2	613 SE TU	JSCAWILLA AVE		Street Addr	ress (P.O. Box Number is	ale Not Acceptable), 30 St.	168	
a. The above named entity submits this statement for the purpose of changing its registered diffeo or registered agent, or both, in the state of Florida.         SIGNATURE       Signature       Date       Million       2/18/o         SIGNATURE       Signature       Date       Million       2/18/o         FILE NOW: FEE IS \$61.25 <ul> <li>Election Campaign Financing</li> <li>Added to Fees</li> <li>Added to Fees</li> <li>Make Check Payable to Department of State</li> <li>Detect</li> <li>MARS, PAUL</li> <li>Detect</li> <li>State TAORSS</li> <li>Change</li> <li>Added to Fees</li> <li>The Bayedweet Agent supersent reased when renoteing to the supersent reased when reased metrenotes to the supersent reased when reased metric rease</li></ul>				City	tra	FL	Zip Code	13
SIGNATURE       Annual Description	3. The above	a named entity submits this statement for	or the purpose of changing its			the state of Florida.	<u> </u>	10
ITLE       PD       Delete       TTLE       PD       Addition         AME       JARVIS, PAUL       NAME       Romania       Date       Miller       Change       Addition         TRECT ADDRESS       MC 4 BOX 913       True       7 500 N/E 330 St       7 500 N/E 330 St       True       Addition         SD       DL TOWN FL 32680       TTLE       SC (1 roos)       Ø Change       Addition         AME       SD       Delete       TTLE       Sc (1 roos)       Ø Change       Addition         AME       SD       Delete       TTLE       Sc (1 roos)       Ø Change       Addition         AME       PERKINS, JOYE       NAME       NAME       Sc (1 roos)       Ø Change       Addition         AME       DElete       TTLE       NAME       Sc (1 roos)       Ø Change       Addition         AME       MAREHAM, JOANN       Delete       TTLE       A L Sh g       M: 1 e roos       Ø Change       Addition         I'm St 2/P       REDDICK FL       I'm E       A L'Sh g       M: 1 e roos       Ø Change       Addition         I'm St 2/P       REDDICK FL       I'm E       I'm E       Addition       I'm St 2/P       Ø Addition         I'm St 2/P	SIGNATURE		t and title if applicable. (NOT	E: Registered Agent signature re	equired when reinstating)	(Y., DATE	$\overline{)}$	10/0-
AME       JARVIS, PAUL       NAME       Rownie DAke Minter         TREET ADDRESS       GLD TOWN FL 32680       GTY-ST-2P       STREET ADDRESS       7.500 N/E 330 St         ITUE       SD       Dalete       HILE       Sc//Troos       Change       Addition         MAKE       STREET ADDRESS       GTY-ST-2P       Control Walde       Street ADDRESS       Change       Addition         MAKE       STREET ADDRESS       GTY-ST-2P       CALA FL 34471       GTY-ST-2P       FT       V1C Coxy       FL 32/35         TTLE       DOALD FL 34471       Delete       TTLE       AAKE       STREET ADDRESS       GTY-ST-2P       FT       V1C Coxy       FL 32/35         TTLE       TD       Delete       TTLE       AL_T Sec/Trees       GChange       Addition         MAKE SIGN W145 STREET       STREET ADDRESS       GTY-ST-2P       GTY AST-2P       GTY AST-2P <t< th=""><th></th><th>Signature, typed or printed name of registered agen</th><th>9. Election Car</th><th>npaign Financing</th><th><b>\$5.00</b> May Be</th><th>Make Check</th><th></th><th></th></t<>		Signature, typed or printed name of registered agen	9. Election Car	npaign Financing	<b>\$5.00</b> May Be	Make Check		
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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	ID. ITLE IAME ITREET ADDRESS DITY-ST-ZIP ITLE IAME STREET ADDRESS DITY-ST-ZIP ITLE IAME STREET ADDRESS DITY-ST-ZIP ITLE IAME STREET ADDRESS DITY-ST-ZIP ITLE IAME STREET ADDRESS DITY-ST-ZIP ITLE IAME STREET ADDRESS DITY-ST-ZIP ITLE IAME STREET ADDRESS DITY-ST-ZIP ITLE IAME ITLE IAME ITLE IAME ITLE IAME ITLE IAME ITLE IAME ITLE IAME ITLE IAME ITLE IAME ITLE IAME ITLE IAME ITLE ITLE IAME ITLE IAME ITLE ITLE IAME ITLE ITLE IAME ITLE IT	Signadire, typed or printed name of registered agen FILE NOW: FEE IS \$61.25 OFFICERS AND DI JARVIS, PAUL HC 4 BOX 913 OLD TOWN FL 32680 SD PERKINS, JOYE 613 SE=TUSCAWILLA AVE OCALA FL 34471 TD MARKHAM, JOANN 8350 NW 145 STREET REDDICK FL	S. Election Car Trust Fund C RECTORS  Delete  Delete	npaign Financing Contribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANG PD RONNIE D 7500 NE 500 NE 50	Make Check Departmer ES TO OFFICERS AND DIR ALE Miller 230 St 321/3 de 545 FL 32/3 rees 11 er 07 pgs FL	t of State	10         Addition         Addition