

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000000131

1. Entity Name
HOUSE OF BREAD MINISTRIES INC.



Principal Place of Business
**7500 NE 230 ST
CITRA, FL 32113**

Mailing Address
**7500 NE 230 ST
CITRA, FL 32113**



04122004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MILLER, RONNIE DALE
7500 NE 230 STREET
CITRA, FL 32113**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when renewing) DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U00000140817
04/29/04 00170 000 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MILLER, RONNIE DALE
STREET ADDRESS	7500 NE 230 ST
CITY-ST-ZIP	CITRA, FL 32113
TITLE	ST
NAME	MIRACLE, CORNELIUS
STREET ADDRESS	6291 NW 65 AVE
CITY-ST-ZIP	OCALA, FL 34482
TITLE	MD
NAME	PERKINS, SAMUEL
STREET ADDRESS	30 BAHEA TEALE CIRCLE
CITY-ST-ZIP	OCALA, FL 34472
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

April 26/04 352.546-2605
Date Daytime Phone #