

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr-24, 2006 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**



04042006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$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

Ronnie Dale Miller

Ronnie Miller

April 18/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000532458
05/06/06-80082-021 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 *Ronnie Dale Miller* *April 18/06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

546 2605