SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.25)

NONPROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 08 1998 8:00am
Secretary of State

DOCUMENT # N96000003273 (7)

1. Corporation Name

BREAD OF LIFE OUTREACH, INC.

Principal Place of Business	Mailing Address
2820 ALAFAYA TR ORLANDO FL 32826 US	13909 GINGER CREEK BLVD ORLANDO FL 32826 US

3. Date Incorporated or Qualified: 06/07/1996
4. FEI Number: 59-3398124 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? [ ] Yes [X] No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [ ] No

21 Principal Place of Business	26 Mailing Address
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

KEENE, WILLIAM R
13909 GINGER CREEK BLVD
ORLANDO FL 32826

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

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

12 OFFICERS AND DIRECTORS		
TITLE	DVPD	[X] DELETE
NAME	PILKINGTON, PASTOR SCOTT	
STREET ADDRESS	4150 SHADOW CREEK CR	
CITY-ST-ZIP	OVIEDO FL	
TITLE	DSD	[ ] DELETE
NAME	DURRETT, BOBBY	
STREET ADDRESS	801 MARE BELLOW DR	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	DD	[X] DELETE
NAME	ZIMMERMAN, PAUL	
STREET ADDRESS	509 WATERSCAPE WAY	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DD	[X] DELETE
NAME	STELLA, PASTOR RENE	
STREET ADDRESS	837 GRENADIER DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DD	[X] DELETE
NAME	RIGGS, M. KAY	
STREET ADDRESS	8318 CALIS CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DD	[X] DELETE
NAME	SCHUMACHER, JANET	
STREET ADDRESS	1020 NANCY CIRCLE	
CITY-ST-ZIP	WINTER SPRINGS FL	

13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	DVPD	VICE PRESIDENT-DIRECTOR [ ] Change [X] Addition
12 NAME		MARY S. BOSTON
13 STREET ADDRESS		868 S. CENTRAL AVE.
14 CITY-ST-ZIP		OVIEDO, FL 32765
21 TITLE		[X] Change [ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		32792
31 TITLE	DTD	TREASURER-DIRECTOR [ ] Change [X] Addition
32 NAME		SHARON THOMPSON
33 STREET ADDRESS		1649 ALOMA AVE.
34 CITY-ST-ZIP		WINTER PARK, FL 32789
41 TITLE	DD	DIRECTOR- [ ] Change [X] Addition
42 NAME		BILL R. SLOAN
43 STREET ADDRESS		3535 OLD LOCKWOOD RD.
44 CITY-ST-ZIP		OVIEDO, FL 32765 32807
51 TITLE	DD	DIRECTOR- [ ] Change [X] Addition
52 NAME		LEVA BUCHANNAN
53 STREET ADDRESS		10334 SMYRNA DR.
54 CITY-ST-ZIP		ORLANDO, FL 32817
61 TITLE	DD	DIRECTOR- [ ] Change [X] Addition
62 NAME		RUTH KIROSS
63 STREET ADDRESS		1027 ROYAL TOWN RD.
64 CITY-ST-ZIP		ORLANDO, FL 32825

CR2E037 (5/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William R. Keene - WILLIAM R. KEENE, PRESIDENT 9/15/98 (407) 277-7857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #