

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003273

1. Entity Name

BREAD OF LIFE OUTREACH, INC.

Principal Place of Business

415 GENEVA DR  
OVIEDO FL 32765  
US

Mailing Address

13909 GINGER CREEK BLVD  
ORLANDO FL 32826  
US

2. Principal Place of Business

160 So. CENTRAL AVE  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

OVIEDO, FL

City & State

OVIEDO, FL

Zip

32765

Country

UNITED STATES

Zip

32826

Country

UNITED STATES

4. FEI Number

59-3398124

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KEENE, WILLIAM R  
13909 GINGER CREEK BLVD  
ORLANDO FL 32826

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
After September 12, 2001, min. will be \$236.25

\$70.00

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  
DVPD  
BOSTON, MARY S  
868 S CENTAL AVE  
OVIEDO FL 32765 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DD  
DURRETT, BOBBY  
801 MARE BELLOW DR  
WINTER PARK FL 32792 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DTD  
THOMPSON, SHARON  
1649 ALOMA AVE  
WINTER PARK FL 32789 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DD  
GLAN, BILL R  
3535 OLD LOCKWOOD RD  
OVIEDO FL 32765 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DD  
WATKINSON, LOIS  
336 CASA GRANDE DR  
WINTER SPRINGS FL 32708 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DD  
CHILCOTE, JANET  
312 STREAMVIEW WAY  
WINTER SPRINGS FL 32708 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DD  
STEVENS, DANIEL  
375 VALENCIA CRT.  
OVIEDO, FL 32765 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DD  
MOORE, REV. MORRIS  
2514 FROG ALLEY  
SANFORD, FL 37773 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE REQUIRED

971-1770 OR  
407-27-2421

FILED  
Sep 13, 2001 8:00 am  
Secretary of State

09-13-2001 90010 019 \*\*\*\*70.00

C0076682



DO NOT WRITE IN THIS SPACE

0004371

CR2E037 (5/01)