2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003273

City-St-Zip:

WINTER SPRINGS, FL 32708

FILED Aug 28, 2006 Secretary of State

Entity Nai	me: BREAD OF LIFE OUTREACH, INC.			
Current P	rincipal Place of Business:	New Princ	ipal Place of Business:	
160 SOUT OVIEDO, F	TH CENTRAL AVENUE FL 32765 US			
Current Mailing Address:		New Maili	New Mailing Address:	
160 SOUT OVIEDO, F	H CENTRAL AVENUE FL 32765 US			
In accordan	: 59-3398124 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did i	•	e.	
Name and	Address of Current Registered Agent:	Name and	Address of New Registered Agent:	
BOSTON, 2682 RUN OVIEDO, F	NING SP LOOP			
	named entity submits this statement for the e of Florida.	purpose of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of Registered A	gent	Date	
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PCEO () Delete BOSTON, MARY S 2682 RUNNING SP LOOP OVIEDO, FL 32765	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DD () Delete GREER, MARSHALL 1058 ALPUG AVE OVIEDO, FL 32765	Title: Name: Address: City-St-Zip:	VPT (X) Change () Addition HARRIS, CATHERINE 201 ROYAL LIVERPOOL LANE ORLANDO, FL 32828	
Title: Name: Address: City-St-Zip:	VPT () Delete THOMPSON, SHARON 5901 ALTEC RD ORLANDO, FL 32808	Title: Name: Address: City-St-Zip:	DD (X) Change () Addition BUITRON, KATHERINE 1530 HANCOCK LANE PALM RD ORLANDO, FL 32802	
Title: Name: Address: City-St-Zip:	DD () Delete BREAKER, FRANK 707 PIMEMBER WILD AVE WINTER SPRINGS, FL 32708	Title: Name: Address: City-St-Zip:	DD (X) Change () Addition WHIPPER, CHARLINE 508 LAKE JESSUP AVE N OVIEDO, FL 32765	
Title: Name: Address:	DD () Delete WATKINSON, LOIS 336 CASA GRANDE DR	Title: Name: Address:	DD (X) Change () Addition BREAKER, FRANK 707 PIMEMBER WILD AVE	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

WINTER SPRINGS, FL 32708

SIGNATURE: MARY S BOSTON **PCEO** 08/28/2006