

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000003273

FILED
Nov 13, 2007
Secretary of State

Entity Name: BREAD OF LIFE OUTREACH, INC.

Current Principal Place of Business:

160 SOUTH CENTRAL AVENUE
OVIEDO, FL 32765 US

New Principal Place of Business:

55 AVE B
OVIEDO, FL 32765 US

Current Mailing Address:

160 SOUTH CENTRAL AVENUE
OVIEDO, FL 32765 US

New Mailing Address:

P.O. BOX 621253
OVIEDO, FL 32765 US

FEI Number: 59-3398124 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BOSTON, MARY S
2682 RUNNING SP LOOP
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

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: MARY S BOSTON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: BOSTON, MARY S
Address: 2682 RUNNING SP LOOP
City-St-Zip: OVIEDO, FL 32765

Title: VPT () Delete
Name: HARRIS, CATHERINE
Address: 201 ROYAL LIVERPOOL LANE
City-St-Zip: ORLANDO, FL 32828

Title: DD () Delete
Name: BUITRON, KATHERINE
Address: 1530 HANCOCK LANE PALM RD
City-St-Zip: ORLANDO, FL 32802

Title: DD () Delete
Name: WHIPPER, CHARLINE
Address: 508 LAKE JESSUP AVE N
City-St-Zip: OVIEDO, FL 32765

Title: DD (X) Delete
Name: BREAKER, FRANK
Address: 707 PIMEMBER WILD AVE
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DD (X) Change () Addition
Name: LAWRENCE, EDITH
Address: E. BROADWAY
City-St-Zip: OVIEDO, FL 32765

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: MARY S BOSTON

Electronic Signature of Signing Officer or Director

PCEO

11/13/2007

Date