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FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # N97000004007 (7)

1. Corporation Name

BROKEN BREAD MINISTRIES, INC.

Principal Place of Business

Mailing Address

1801 S. ORLANDO AVENUE
COCOA BEACH FL 32931

1801 S. ORLANDO AVENUE
COCOA BEACH FL 32931

3. Date Incorporated or Qualified

07/14/1997

4. FEI Number

59-3457607

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TEED, CECILE
290 NORTH 2ND STREET
SUITE 4
COCOA BEACH FL 32931

SAME

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~VICE-PRES~~ D
NAME STEVE SYNTZELMAN
STREET ADDRESS 3928 LILLY ST
CITY-ST-ZIP POWERS SPRINGS GA 30127

☐ DELETE

TITLE ~~VICE-PRES~~ D
NAME DENISE SYNTZELMAN
STREET ADDRESS 3928 LILLY ST
CITY-ST-ZIP POWERS SPRINGS GA 30127

☐ DELETE

TITLE ~~VICE-PRES~~ D
NAME JOHN KEMP
STREET ADDRESS 2350 HONEYBROOK COK. DR
CITY-ST-ZIP MELBOURNE FL 32935

☐ DELETE

TITLE ~~VICE-PRES~~ D
NAME BRAD GOODMAN
STREET ADDRESS 1801 S ORLANDO
CITY-ST-ZIP COCOA BEACH FL 32931

☐ DELETE

TITLE ~~VICE-PRES~~ D
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE ~~VICE-PRES~~ D
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Bradley M. Goodman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/98
Date

407-283-6610
Daytime Phone #

0019085

CR2E037 (10/97)