

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90008 003 ****61.25

DOCUMENT # N97000004007

1. Corporation Name

BROKEN BREAD MINISTRIES, INC.

Principal Place of Business
1801 S. ORLANDO AVENUE
COCOA BEACH FL 32931

Mailing Address
1801 S. ORLANDO AVENUE
COCOA BEACH FL 32931



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/14/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3457607	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	
NAME	SYNSTILLIEN, STEVE	1.2 NAME	
STREET ADDRESS	3928 LILLY STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	PONDER SPRINGS GA 30127	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	
NAME	SYNSTILLIEN, DENIESE	2.2 NAME	
STREET ADDRESS	3928 LILLY STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	PONDER SPRINGS GA 30127	2.4 CITY-ST-ZIP	
TITLE	AD	3.1 TITLE	
NAME	KEMPF, JOHN	3.2 NAME	
STREET ADDRESS	2350 HONEYBROOK CREEK DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32935	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	
NAME	GOODMAN, BRAD	4.2 NAME	
STREET ADDRESS	1801 S ORLANDO	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL 32931	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/16/99

407-783-6610

Daytime Phone #