## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000004490

FILED Apr 18, 2005 Secretary of State

Entity Name: BREAD OF LIFE HOO MINISTRIES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1010 WEST SECOND STREET RIVIERA BEACH, FL 33404 **Current Mailing Address: New Mailing Address:** 1010 WEST SECOND STREET RIVIERA BEACH, FL 33404 FEI Number: 65-0772982 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WHITE, SHIRLEY 1010 WEST SECOND STREET RIVIERA BEACH, FL 33404 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WHITE, SHIRLEY Name: Name: 1010 WEST SECOND STREET Address: Address: City-St-Zip: RIVIERA BEACH, FL 33404 City-St-Zip: Title: Title: ( ) Delete (X) Change ( ) Addition Name: POWELL, WILL Name: POWELL, WILL Address: 452 DATE PALM DRIVE Address: 453 DATE PALM DR City-St-Zip: LAKE PARK, FL 33403 City-St-Zip: LAKE PARK, FL 33403 Title: () Delete Title: () Change () Addition FICKLIN, LULA Name: Name: Address: 1010 WEST SECOND STREET Address: City-St-Zip: RIVIERA BEACH, FL 33404 City-St-Zip: Title: () Delete Title: () Change () Addition Name: GUSSIE, LAWRENCE Name: Address: 717 W. KALMIA Address: City-St-Zip: LAKE PARK, FL 33403 City-St-Zip: Title: () Delete Title: () Change () Addition HICKS, ALPHONSO Name: Name: 3349 AUBURN RD Address: Address: City-St-Zip: FT. LAUDERDALE, FL 33312 City-St-Zip: Title: () Delete Title: () Change () Addition MILTON, MIRIAM Name: Name: Address: 5353 STACY ROAD Address: WEST PALM BEACH, FL 33417 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SHIRLEY WHITE FOUN 04/18/2005