

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Mar 02, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000004490**

1. Entity Name

BREAD OF LIFE HOO MINISTRIES, INC.



Principal Place of Business

1010 WEST SECOND STREET  
RIVIERA BEACH, FL 33404

Mailing Address

1010 WEST SECOND STREET  
RIVIERA BEACH, FL 33404

**DO NOT WRITE IN THIS SPACE**



02252006 No Chg-NP

CR2E037 (11/05)

4. FEI Number

65-0772982

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

5. Name and Address of Current Registered Agent

WHITE, SHIRLEY  
1010 WEST SECOND STREET  
RIVIERA BEACH, FL 33404

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WHITE, SHIRLEY
STREET ADDRESS	1010 WEST SECOND STREET
CITY-ST-ZIP	RIVIERA BEACH, FL 33404
TITLE	D
NAME	POWELL, WILL
STREET ADDRESS	453 DATE PALM DR
CITY-ST-ZIP	LAKE PARK, FL 33403
TITLE	D
NAME	FICKLIN, LULA
STREET ADDRESS	1010 WEST SECOND STREET
CITY-ST-ZIP	RIVIERA BEACH, FL 33404
TITLE	D
NAME	GUSSIE, LAWRENCE
STREET ADDRESS	717 W. KALMIA
CITY-ST-ZIP	LAKE PARK, FL 33403
TITLE	D
NAME	HICKS, ALPHONSO
STREET ADDRESS	3349 AUBURN RD
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312
TITLE	D
NAME	MILTON, MIRIAM
STREET ADDRESS	5353 STACY ROAD
CITY-ST-ZIP	WEST PALM BEACH, FL 33417

11000000452933  
04/13/06-80019-022 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Shirley White Shirley White*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/25/06*  
Date

*1-843-425-1303*  
Daytime Phone #