

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004283

FILED
Mar 03, 2006
Secretary of State

Entity Name: BREAD OF LIFE OUTREACH MINISTRY, INC.

Current Principal Place of Business:

P O BOX 7364
LAKE CITY, FL 320567364

New Principal Place of Business:

898 SW DEPUTY JEFF DAVIS LANE
LAKE CITY, FL 32055

Current Mailing Address:

P O BOX 7364
LAKE CITY, FL 320567364

New Mailing Address:

FEI Number: 59-3395557 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHEPPARD, ISIAH L JR
756 SW CR 242
LAKE CITY, FL 32024 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CRAY, ZANE JR
Address: RT 17 BOX 117
City-St-Zip: LAKE CITY, FL 32055

Title: D () Delete
Name: TUCKER, SELENA M
Address: RT 7 BOX 679
City-St-Zip: LAKE CITY, FL 32055

Title: D () Delete
Name: SCIPPRO, WANNA
Address: RT 1 BOX 413-5
City-St-Zip: LAKE CITY, FL 32055

Title: D () Delete
Name: SHEPPARD, SYLVIA
Address: RT 15 BOX 15 BOX 3888
City-St-Zip: LAKE CITY, FL 32024

Title: AS () Delete
Name: KELLY, RHONDA M
Address: PO BOX 3381
City-St-Zip: LAKE CITY, FL 32056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MERRICK, ALMENIO
Address: 1338 NE WASHINGTON ST
City-St-Zip: LAKE CITY, FL 32055

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

Title: D (X) Change () Addition
Name: DIXON, TERINDA
Address: 875 NW REDDING AVE
City-St-Zip: LAKE CITY, FL 32055

Title: D (X) Change () Addition
Name: SHEPPARD, SYLVIA
Address: 756 SW CR 242
City-St-Zip: LAKE CITY, FL 32024

Title: D (X) Change () Addition
Name: KELLY, RHONDA M
Address: PO BOX 3381
City-St-Zip: LAKE CITY, FL 32056

I hereby certify that the information supplied with this filing does not qualify for the 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: ISIAH L. SHEPPARD, JR.

PRES

03/03/2006

Electronic Signature of Signing Officer or Director

Date