

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004283

FILED
Apr 14, 2008
Secretary of State

Entity Name: BREAD OF LIFE OUTREACH MINISTRY, INC.

Current Principal Place of Business:

898 SW DEPUTY JEFF DAVIS LANE
LAKE CITY, FL 32055

New Principal Place of Business:

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: MERRICK, ALMENIO
Address: 1338 NE WASHINGTON ST
City-St-Zip: LAKE CITY, FL 32055

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

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

Title: VC/D () Delete
Name: SHEPPARD, SYLVIA VICE CH
Address: 756 SW CR 242
City-St-Zip: LAKE CITY, FL 32024

Title: S/D () Delete
Name: KELLY, RHONDA M SECRETA
Address: PO BOX 3381
City-St-Zip: LAKE CITY, FL 32056 US

Title: C/D () Delete
Name: ISIAH, SHEPPARD, JR. CHAIRMA
Address: 756 SW CR 242
City-St-Zip: LAKE CITY, FL 32024 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: SYLVIA T. SHEPPARD

VC/D

04/14/2008

Electronic Signature of Signing Officer or Director

Date