

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004621

1. Entity Name

BREAD OF LIFE MINISTRIES OF TITUSVILLE, FLORIDA,

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90254 010 \*\*\*\*61.25

Principal Place of Business

Mailing Address

533 GARDEN STREET  
TITUSVILLE FL 32796

533 GARDEN STREET  
TITUSVILLE FL 32796-3404

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3596043

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MILLSAPS, VIRGINIA  
533 GARDEN STREET  
TITUSVILLE FL 32796

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEF IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME MILLSAPS, VIRGINIA  
STREET ADDRESS 1245 SHARON DRIVE  
CITY-ST-ZIP TITUSVILLE FL 32796

TITLE Director ☒ Change ☐ Addition  
NAME Virginia Millsaps  
STREET ADDRESS 1245 Sharon Drive  
CITY-ST-ZIP Titusville, FL 32796

TITLE VD ☐ Delete  
NAME STEWART, MARY L  
STREET ADDRESS 3484 W. MAIN ST.  
CITY-ST-ZIP MIMS FL 32754

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME DULANEY, DEBORAH A  
STREET ADDRESS 20 N. HILLTOP DRIVE  
CITY-ST-ZIP TITUSVILLE FL 32796

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE President ☐ Change ☒ Addition  
NAME Millsaps, Thomas C.  
STREET ADDRESS 1245 Sharon Drive  
CITY-ST-ZIP Titusville, FL 32796

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Director ☐ Change ☒ Addition  
NAME Bennett, Jr., George  
STREET ADDRESS 116 S. Brown Avenue  
CITY-ST-ZIP Titusville, FL 32796

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:

*THOMAS G. MILLSAPS*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/00  
Date

267-9334  
Daytime Phone #

CR2E037 (9/99)