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Aug 20, 2008 8:00 am
Secretary of State
06-25-2008 90010 009 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000072903

1. Entity Name
EDUCARE NATURAL FOODS AND BREAD OF LIFE BAKE SHOP, INC.

Principal Place of Business	Mailing Address
6100-G W. FAIRFIELD DR. PENSACOLA, FL 32506	6100-G W. FAIRFIELD DR. PENSACOLA, FL 32506

66016015

05252008 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-3607033
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional – Fee Required

6. Name and Address of Current Registered Agent

JONES, JULIE B
2012 N. 61ST AVE.
PENSACOLA, FL 32506-3462

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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: Julie B. Jones 5/27/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JONES, JULIE B
STREET ADDRESS	2012 N 61 AVE
CITY-ST-ZIP	PENSACOLA, FL 32506
TITLE	V
NAME	JONES, D P
STREET ADDRESS	2012 N 61 AVE
CITY-ST-ZIP	PENSACOLA, FL 32506
TITLE	ST
NAME	JONES, PATRICIA A
STREET ADDRESS	2012 N 61 AVE
CITY-ST-ZIP	PENSACOLA, FL 32506
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 607, 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: Julie B. Jones 8-14-08 850-458-2273
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR Date Daytime Phone #