

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001063

**Entity Name:** PENTECOSTAL BREAD OF LIFE CHURCH, INC.**Current Principal Place of Business:**551450 U.S. HIGHWAY !  
HILLIARD, FL 32046**Current Mailing Address:**45243 KERI BLVD.  
CALLAHAN, FL 32011**FEI Number:** 59-3698662**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GLISSON III, SIDNEY R BISHOP  
45243 KERI BLVD.  
CALLAHAN, FL 32011 US*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:** SIDNEY R GLISSON III

04/19/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            GLISSON, SIDNEY RIII BISHOP  
Address        45244 KERI BLVD  
City-State-Zip: CALLAHAN FL 32011

Title            SECRETARY  
Name            GLISSON, APRIL  
Address        45244 KERI BLVD  
City-State-Zip: CALLAHAN FL 32011

Title            DIRECTOR  
Name            WANDELLA, SMART S  
Address        545605 US 1  
City-State-Zip: CALLAHAN FL 32011

Title            DIRECTOR  
Name            MOORE, LAURA K  
Address        PO BOX 178  
City-State-Zip: HILLIARD FL 32046

Title            DIRECTOR  
Name            SELVERA, JUSTIN L  
Address        45231 KERI BLVD.  
City-State-Zip: CALLAHAN FL 32011

Title            VP  
Name            MOORE, RAY  
Address        PO BOX 178  
City-State-Zip: HILLIARD FL 32046

Title            DIRECTOR  
Name            SMART, RICHARD  
Address        545605 US HWY 1  
City-State-Zip: CALLAHAN FL 32011

Title            TREASURER  
Name            MCGEE, GLADYS T.  
Address        45243 KERI BLVD.  
City-State-Zip: CALLAHAN FL 32011

*I hereby 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 all other like empowered.*

**SIGNATURE:** APRIL GLISSON**SECRETARY**

04/19/2023

Electronic Signature of Signing Officer/Director Detail

Date