4016 WE	It Principal Place of Business: STWOOD DR Y, FL 34691	CC3153671617	
Curren	t Mailing Address:		
	/ESTWOOD DR AY, FL 34691		
FEI Nu	mber: 75-3229520	Certificate of Status Desired: Yes	
Name a	and Address of Current Registered A	gent:	
4016 WE	D, PHILLIP A PASTOR STWOOD DR Y, FL 34691 US		
The above	e named entity submits this statement for the purpose of	changing its registered office or registered agent, or both, in the State of Florida.	
SIGNA	TURE: PHILLIP A. CONRAD	03/28/2018	
	Electronic Signature of Registered Age	nt Date	-
Officer	/Director Detail :		
Title	T/S	Title VP	
Name	CONRAD, KAREN J	Name PANGOURELIAS, LINDA M CHAP	
Address	4016 WESTWOOD DR	Address 9530 GRAY FOX LANE	
City-State	e-Zip: HOLIDAY FL 34691	City-State-Zip: PORT RICHEY FL 34668	
Title	PRESIDENT		
Name	CONRAD, PHILLIP A PASTOR		
A al al a a a a			
Address	4016 WESTWOOD DR		
Name Address	CONRAD, KAREN J 4016 WESTWOOD DR	NamePANGOURELIAS, LINDA M CHAPAddress9530 GRAY FOX LANE	
Title	PRESIDENT		
	CONRAD, PHILLIP A PASTOR		
Address	4016 WESTWOOD DR		
City-State			

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: THE BREAD OF LIFE FELLOWSHIP, OF HOLIDAY, FL., INC.

DOCUMENT# N0700000928

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: KAREN J. CONRAD

SECRETARY/TREASURER 03/28/2018

Electronic Signature of Signing Officer/Director Detail

FILED Mar 28, 2018

Secretary of State

CC3153671617