## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

701782 DOCUMENT #

1. Corporation Name

(5)

BIBLE PRESBYTERIAN CHURCH, INC.

DIDLE 1	HEODITE HAN CHOICH,						
Principal Place	of Business	Mailing Address			# 1941H 1845 #\$161 \$161H 1866 181H	: 1191 61911 91911 91911 91911 619	) ( <b>21910 1881</b>
5635 NO DAUGHTERY RD LAKELAND FL 33809 US		5810 N DAUGHTERY ROAD LAKELAND FL 33809					
US					3. Date Incorporated or Qualified 12/08/1960	3a. Date of Last Re 04/06/199	
2. Principal Pla	ice of Business	2a. Mailing Address 26			4. FEI Number 05-0067921	<del></del>	plied For ot Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8.75 A	
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	□ \$5.00 Added t	to Fees
Zip 24	Country 25	Zip <b>29</b>	30	ntry	Tioned Claiding	Yes No	99.032,
	9. Name and Address of Curre	nt Registered Agent		04 \ \\	10. Name and Address of New R	egisterea Agent	
				81 Name			
Wann, Robert 254 Leitha Way					ress (P.O. Box Number is Not Acceptab	ile)	
LAKELAN	*			83			
	ID FL 33809			84 City		FL 85 Zip 0	
or register	o the provisions of Sections 617.050. ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	ida. Such change was authoriz	ed by the c	ve-named corpo corporation's boa	ration submits this statement for the pured of directors. I hereby accept the app	pose of changing its regointment as registered a	jistered office gent. I am
SIGNATURE _							
	Signature, typed or printed name of registered ager		D1E: Registered	Agent signature require	ed when reinstating)  ADDITIONS/CHANGES TO OFF	DATE SCERS AND DIRECTOR	S IN 12
12.	PD OFFICERS AN	ID DIRECTORS	1.1 TI	11.5	ADDITIONS/GITAINGE OF TO CIT	Change	Addition
TITLE	· •	Пресел	1.1 H				
NAME	Wann, Robert 254 Leitha Way			REET ADDRESS			
STREET ADDRESS	LAKELAND FL						İ
CITY-ST-ZIP	VPD	DELFTE	21 T	TY-ST-ZIP		Change	Addition
TITLE NAME	SUDLOW, STEVE			1			
STREET ADDRESS	6304 DOE CIRCLE			TREET ADDRESS	•		
CITY-ST-ZIP	LAKELAND FL			TY-SI-ZIP			
TITLE	STD	DELETE	311			Change	Addition
NAME	KLEINTOP, MAX	<del>-</del>	3 2 N	AME			
STREET ADDRESS	5723 LAKEGROVE DRIVE		335	FREET ADDRESS			ļ
CITY-ST-ZIP	LAKELAND FL		3 4. 0	nty-st-zip			
THILE		DELETE	41 T	1LE		Change	☐ Addition
NAME			4 21	IAME			
STREET ADDRESS			4.3 S	TREET ADDRESS			
CITY-ST-ZIP			4.4 C	ITY - ST - ZIP			
TITLE		DELETE	5.1 T	TLE		☐ Change	Addition
NAME			5.2 N	AME			
STREET ADDRESS			535	TREET ADDRESS			
CHTY-ST-ZIP			5.4 0	ITY-ST-ZIP			
TITLE		DELETE	61 T	ITLF		☐ Change	Addition Addition
NAME			62 N	AME			
STREET ADDRESS			6.3 S	TREET ADDRESS			
CITY-ST-ZIP			640	ITY-ST-ZIP			
·			and a few section of the	alama and an alle	the the evention stated in Castian 111	1 07/9/I/A Florida Statuto	e Iturthor

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lillium Robert L. Wann 1-24-96 941/858-8964
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-96 941/858-8964