

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
Feb 22 1996 8:00 am  
Secretary of State

**DOCUMENT # N30875 (1)**

1. Corporation Name  
**BIBLE-BASED FELLOWSHIP, INC.**



Principal Place of Business: **4811 EHRlich ROAD TAMPA FL 33624**  
Mailing Address: **4811 EHRlich ROAD TAMPA FL 33624**

3. Date Incorporated or Qualified: **02/27/1989**  
3a. Date of Last Report: **10/19/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>65-0139765</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
23	28		
Zip	Country	Zip	Country
24	25	29	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**JONES, ARTHUR T.  
2201 HERNDON ST.  
DOVER FL 33527**

**10. Name and Address of New Registered Agent**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>6433 Renwick Circle</b>
83	
84 City	<b>Tampa FL</b>
85 Zip Code	<b>33649</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, ARTHUR T.</b>	1.2 NAME	
STREET ADDRESS	<b>6433 RENWICK CIR.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAMPA FL 33647</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MASON, EARL B., SR.</b>	2.2 NAME	
STREET ADDRESS	<b>13212 BURNES LAKE DRIVE</b>	2.3 STREET ADDRESS	<b>Tampa, FL 33612</b>
CITY - ST - ZIP	<b>TAMPA FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACKSON, SAUNDRA</b>	3.2 NAME	
STREET ADDRESS	<b>16103 PENINGTON RD.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAMPA FL 33624</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUNTER, RUTH</b>	4.2 NAME	
STREET ADDRESS	<b>1024 APPLEWOOD DR</b>	4.3 STREET ADDRESS	<b>Clearwater, FL 34619</b>
CITY - ST - ZIP	<b>CLEARWATER FL</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	<b>900001722139</b>
CITY - ST - ZIP		5.4 CITY - ST - ZIP	<b>-02/23/96--01017--009</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	<b>***122.75</b>
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: **Arthur T. Jones** Date: **1/19/96** Daytime Phone: **813-264-4050**

CR2E037 (12/95)