

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 11, 2004  
Secretary of State**

DOCUMENT# N30875

Entity Name: BIBLE-BASED FELLOWSHIP, INC.

**Current Principal Place of Business:**

4811 EHRLICH ROAD  
TAMPA, FL 33624

**New Principal Place of Business:**

**Current Mailing Address:**

4811 EHRLICH ROAD  
TAMPA, FL 33624

**New Mailing Address:**

FEI Number: 65-0139765      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JONES, ARTHUR T.  
6433 RENWICK CIRCLE  
TAMPA, FL 33647      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: JONES, ARTHUR T.,  
Address: 6433 RENWICK CIR.  
City-St-Zip: TAMPA, FL 33647

Title: D      ( ) Delete  
Name: ROBINSON, FRED  
Address: 18545 AVOCET DRIVE  
City-St-Zip: LUTZ, FL 33549

Title: D      ( ) Delete  
Name: HUNTER, RUTH,  
Address: 1024 APPLEWOOD DR  
City-St-Zip: CLEARWATER, FL 34619

Title: D      ( ) Delete  
Name: DICKINSON, PARNELL  
Address: 1646-WALLACE ROAD  
City-St-Zip: LUTZ, FL 33549

Title: D      ( ) Delete  
Name: BOONE, MICHAEL  
Address: 18912 COHAVILLE ROAD  
City-St-Zip: LUTZ, FL 33549

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RUTH HUNTER

D

03/11/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date