

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741527 (6)

1. Corporation Name

BIBLE FELLOWSHIP CHURCH, INC.

Principal Place of Business

Mailing Address

5915 HAYES ST.
HOLLYWOOD FL 33021-51705915 HAYES ST.
HOLLYWOOD FL 33021-51703. Date Incorporated or Qualified
02/06/19783a. Date of Last Report
02/16/1996

4. FEI Number

59-1810723

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida StatutesYes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHMITZ, CHARLES H., JR.
210 SW 7 STREET
DANIA FL 33004

81 Name

Meola, Tony, JR.

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

Dania

FL

85 Zip Code

33009

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

Tony Meola Tony Meola President

1/8/97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	DODD, JAMES L.	
STREET ADDRESS	2100 S.W. 42 TERR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SANDERS, JOSEPH B.	
STREET ADDRESS	210 S.W. 7 ST., #2	
CITY-ST-ZIP	DANIA FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MEOLA, TONY	
STREET ADDRESS	5915 HAYES ST.	
CITY-ST-ZIP	HOLLYWOOD FL	

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SCHMITZ, CHARLES H.	
STREET ADDRESS	210 SW 7 STREET	
CITY-ST-ZIP	DANIA FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Meola, Tony	
3.3 STREET ADDRESS	210 SW 7 St	
3.4 CITY-ST-ZIP	Dania, FL 33009	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	David Fleming	
5.3 STREET ADDRESS	6424 Plunkett St.	
5.4 CITY-ST-ZIP	Hollywood, FL 33023	

6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Mark Schroder	
6.3 STREET ADDRESS	10601 NW 6 Ave	
6.4 CITY-ST-ZIP	Miami, FL 33150	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Tony Meola Tony Meola

1/8/97

954-926-6442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone # 0021469

CR2E037 (9/96)