


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 703744 (3)
Corporation Name
BIBLE FELLOWSHIP OF LARGO, INC.



Principal Place of Business: 4670 E BAY DR CLEARWATER FL 34624
Mailing Address: 4670 E BAY DR CLEARWATER FL 34624-5715

3. Date Incorporated or Qualified: 03/19/1962
3a. Date of Last Report: 03/11/1996

21. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
22. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

4. FEI Number: 59-1285907 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
BRUNO, MARY LOU
1881 N. HERCULES AVE., #1201
CLEARWATER FL 34625

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 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	DST <input type="checkbox"/> DELETE	1.1 TITLE	Change <input type="checkbox"/> Addition
NAME	BRUNO, MARY	1.2 NAME	
STREET ADDRESS	1881 HERCULES AVE., #1201	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	
TITLE	DC <input checked="" type="checkbox"/> DELETE	2.1 TITLE	CHRIS MANDARONIS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOODMAN, MICHAEL	2.2 NAME	14175 JEAN ST
STREET ADDRESS	519 2ND AVENUE N.E.	2.3 STREET ADDRESS	LARGO, FL, 34644
CITY-ST-ZIP	LARGO FL 34640	2.4 CITY-ST-ZIP	TREASURER
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNING, NORMA	3.2 NAME	
STREET ADDRESS	15451 BRISTOL CIR. W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34624	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D & PASTER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Robert E. Elliott
STREET ADDRESS		4.3 STREET ADDRESS	250 Rosay Rd NW #286
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Largo, FL, 33270
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	PAULA MANDAKOWIS
STREET ADDRESS		5.3 STREET ADDRESS	14175 JEAN ST.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	LARGO FL 34644
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	300002233508 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-07/09/97--01024--019
STREET ADDRESS		6.3 STREET ADDRESS	***61.25
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

CFR2E037 (9/96)