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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 703744 (3)
1. 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

3. Date Incorporated or Qualified: 03/19/1962
4. FEI Number: 59-1285907
Applied For:
Not Applicable:

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, City & State, Zip, and Country.

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST BRUNO, MARY 1881 HERCULES AVE., #1201 CLEARWATER FL	1.1 TITLE	SECRETARY <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D MANDAKUNIS, CHRIS 14175 JEAN SO LARGO FL 34644	2.1 TITLE	TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D MANNING, NORMA 15451 BRISTOL CIR. W. CLEARWATER FL 34624	3.1 TITLE	D COLLEEN HERRING <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	4700-150th AVENUE
STREET ADDRESS		3.3 STREET ADDRESS	# 349
CITY-ST-ZIP		3.4 CITY-ST-ZIP	CLEARWATER, FL 34625
TITLE	D ELLIOTT, ROBERT E 250 ROSERY RD. NW #286 LARGO FL 34644	4.1 TITLE	RACTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D MANDAKUNIS, PAULA 14175 JEAN ST. LARGO FL 34644	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: _____ 536-1641

CR2E037 (10/97)