


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 17, 1999 8:00 am
Secretary of State

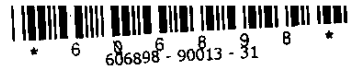
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 703744

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/19/1962
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1285907
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> 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	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANDAKUNIS, CHRIS	2.2 NAME	NANCY GOODMAN
STREET ADDRESS	14175 JEAN SO	2.3 STREET ADDRESS	519 2 AVE N.E
CITY-ST-ZIP	LARGO FL 34644	2.4 CITY-ST-ZIP	LARGO FL 33770
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRING, COLLEEN	3.2 NAME	
STREET ADDRESS	6700-150TH AVE NORTH #349	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34625	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLIOTT, ROBERT E	4.2 NAME	John STINNETT
STREET ADDRESS	250 ROSERY RD. NW #286	4.3 STREET ADDRESS	4515 E. Bay Dr. # 1205
CITY-ST-ZIP	LARGO FL 34644	4.4 CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANDAKUNIS, PAULA	5.2 NAME	LAWRENCE I. COUGHLIN
STREET ADDRESS	14175 JEAN ST.	5.3 STREET ADDRESS	1200 BELCHER RD #339
CITY-ST-ZIP	LARGO FL 34644	5.4 CITY-ST-ZIP	LARGO FL 33771
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	ROSETTA LERCH
STREET ADDRESS		6.3 STREET ADDRESS	4215 E BAY DR #1505-C
CITY-ST-ZIP		6.4 CITY-ST-ZIP	CLEARWATER FLA 33764

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, with all other like empowered.

SIGNATURE: *Mary Lou Bruno* **8-10-99** **727-446-5448**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)