

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90383 037 ****61.25

DOCUMENT # 703744

1. Entity 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 33764-5715

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33765

33765

4. FEI Number

59-1285907

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BRUNO, MARY LOU
 1881 N. HERCULES AVE., #1201
 CLEARWATER FL 34625

7. Name and Address of New Registered Agent

Name **Chris D Mandakunis**
 Street Address (P.O. Box Number is Not Acceptable) **4670 E Bay Dr**
 City **Clearwater FL FL** Zip Code **33774**

8. 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 Chris D Mandakunis Chris D Mandakunis 04/22/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution:

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	DST	Delete <input checked="" type="checkbox"/>
NAME	BRUNO, MARY	
STREET ADDRESS	1881 HERCULES AVE., #1201	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	Delete <input checked="" type="checkbox"/>
NAME	GOODMAN, NANCY	
STREET ADDRESS	519 2 AVE NE	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	D	Delete <input type="checkbox"/>
NAME	HERRING, COLLEEN	
STREET ADDRESS	6700-150TH AVE NORTH #349	
CITY-ST-ZIP	CLEARWATER FL 34625	
TITLE	D	Delete <input type="checkbox"/>
NAME	STINNETT, JOHN	
STREET ADDRESS	4515 E BAY DR #1205	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	D	Delete <input type="checkbox"/>
NAME	MANDAKUNIS, PAULA	
STREET ADDRESS	14175 JEAN ST.	
CITY-ST-ZIP	LARGO FL 34644	
TITLE	D	Delete <input checked="" type="checkbox"/>
NAME	COUGHLIN, LAWRENCE I	
STREET ADDRESS	1200 BELCHER RD #339	
CITY-ST-ZIP	LARGO FL 33771	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/S	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	CHRIS D MANDAKUNIS	
STREET ADDRESS	14175 JEAN ST SW	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	D/T	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33765	
TITLE	C	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33774	
TITLE	DVC	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	ROSIE LERCH	
STREET ADDRESS	4215 EAST BAY DR UNIT 1505-C	
CITY-ST-ZIP	CLEARWATER FL 33764	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Chris D Mandakunis 04/21/2000 598-6987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)