

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State

08-01-2001 90199 018 ****70.00

DOCUMENT # 703744

1. Entity Name
BIBLE FELLOWSHIP OF LARGO, INC.

Principal Place of Business: **4670 E BAY DR CLEARWATER FL 33765**
 Mailing Address: **4670 E BAY DR CLEARWATER FL 33765**

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State

4. FEI Number **59-1285907** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

00000433



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MANDAKINS, CHRIS D
4670 EAST BAY DRIVE
LARGO FL 33774

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUNO, MARY 1881 HERCULES AVE., #1201 CLEARWATER FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MANDAKUNIS, CHRIS D 14175 JEAN STREET SW LARGO FL 33774	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HERRING, COLLEEN 8700-150TH AVE NORTH #349 CLEARWATER FL 33785	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STINNETT, JOHN 4515 E BAY DR #1205 CLEARWATER FL 33764	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MANDAKUNIS, PAULA 14175 JEAN ST. LARGO FL 34844	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LERCH, ROSIE 4215 EAST BAY DRIVE UNIT 1505-C CLEARWATER FL 33764	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowerments.

SIGNATURE: *[Signature]* **07/27/01 727 595 8937**

CRCE037 (5/01)