## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 703744**

1. Entity Name BIBLE FELLOWSHIP OF LARGO, INC. Principal Place of Business Mailing Address AND E BAY DR

## **FILED** Jun 13, 2002 8:00 am Secretary of State 06-13-2002 90384 037 \*\*\*\*70.00

SECARWATER FL 33765			CLEARWATER FL 33765			ļ			
			•			(	())( (88)) 818() 818( 818( 818( 8	New place area -	
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DC	NOT WRITE IN THIS	S SPACE	
City & State			City & State			4. FEI Number Applied For			
Zip	يد جينسيهسانيه پر	Country	Zip	Country	73.	59-1	285907		lot Applicable
			·	Country		5. Certificate of Status	Desired	\$8.75 Ac Fee Requir	
<del></del>	and Address of Current Re			7. Name and Address of New Registered Agent					
				Street /8 2	ARY Address (F 1701	L. BRUNG P.O. Box Number is Not A HERUY	O Acceptable) ACCES AU	) E	
		AND THE		CLi	EARU	U ATER	F		*6.4L
8. The abov	re named entity	sübmits this statement for il	ne purpose of changing its	registered office	or registere	ed agent, or both, in the	state of Florida.		
	0		N. ea.	60			,		
SIGNATURE		CHIBRUAD	mary	X Bru	end		6/8/0	رته	
<u> </u>	Signature, typed o	or printed name of registered agent and	title if applicable. NOT.	E: Registered Agent sign	nature required v	when reinstating)	DATE		
	FEE IS \$61.25	Trust Fund (	mpaign Financing Contribution.	'	\$5.00 May Be Added to Fees	Make Chec Departme	ck Payable ent of State	to e	
10.	- -	OFFICERS AND DIREC	CTORS	11.	Al	DDITIONS/CHANGES TO	O OFFICERS AND D	IRECTORS IN	N 10
TITLE NAME	D" Bruno, M/	NDV	☐ Delete	TITLE 💋	CHA	RLES 3	SPENCE	☐ Change	Addition
STREET ADDRESS		ULES AVE., #1201		NAME STREET ADDRESS	1436	10-664	SD RD +	+ 801	<b>ا</b>
CITY-ST-ZIP	CLEARWAT			CITY-ST-ZIP		ARWATER			
TITLE	DS		Relete	TITLE 0	<del></del>	LMA SPE	=		Addition
NAME CERET ARRESON		iis, chris d		NAME					Addition
STREET ADDRESS. City-St-Zip		I-STREET, SW==	و المعلق المعالم	z STREET ADDRESS:	1000	30-664		FRUE.	
TITLE	LARGO FL :	33//4		CITY-ST-ZIP	102E	ARWATER	( F1 337	16t	
NAME	HERRING, C	OLLEEN	☐ Delete	TITLE <b>()</b> NAME	44	RRY CO	UNGLIN	<b>√</b> Change	☐ Addition
STREET ADDRESS		AVE NORTH #349		STREET ADDRESS	134	THO ANO	NA NEI	GHTC	OR
CITY-ST-ZIP	CLEARWAT	ER FL 33765		CITY-ST-ZIP	#5	8- LARGE	FI DZT	.74	2,0
TITLE	D		☐ Delete	TITLE		- 1100		☐ Change	☐ Addition
NAME STREET ADDRESS	STINNETT,			NAME					
CITY-ST-ZIP	4515 E BAY			STREET ADDRESS			1		
ITLE	CLEARWATE C	IN FL 33/04	<b>√</b> .	CITY-ST-ZIP	<del> </del>	<u></u> _			
IAME	MANDAKUN	IS. PAULA	Delete	TITLE				☐ Change	Addition
TREET ADDRESS		STREET SW		NAME STREET ADDRESS					
CITY-ST-ZIP ·	LARGO FL 3			CITY-ST-ZIP	1				
TILE	D		Delete	TITLE	<u> </u>				
IAME	LERCH, ROS		A	NAME				☐ Change	Addition Addition
TREET ADDRESS		BAY DRIVE UNIT 1505-C		STREET ADDRESS					
CITY-ST-ZIP	CLEARWATE			CITY-ST-ZIP					
2. I hereby coindicated	ertify that the ir on this report o	nformation supplied with this or supplemental report is true	filing does not qualify for t and accurate and that my	he exemption stat	ted in Section	on 119.07(3)(i), Florida S	tatutes. I further cert	ify that the inf	formation

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.