2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703744

1. Entity Name

BIBLE FELLOWSHIP OF LARGO, INC.

|--|

FILED Jul 18, 2003 8:00 am Secretary of State 07-18-2003 90077 015 ****69.00

| | | | | | | View of the second | TE ILES | ļ | | | | | | |
|---|------------------------|---------------------------------------|--------------------------------------|---|---------------|--|---|--------------------------------------|-----------------|---------------------------------------|-------------|-----------------|----------------|--|
| Principal Place of Business | | | | g Address | | | |] | | | | | | |
| 4670 E BAY DR CLEARWATER FL 33765 | | | 4670 E BAY DR CLEARWATER FL 33765 | | | | | | | | | | | |
| OCEANITIES. | 12 00.00 | | V-2/11 | | | | : | | . | INTER CICIL CRAIN REPEL RENA | OLDAL BIBLI | AIGEL BIBIL GIC | iti ninii thai | |
| 2. Principal f | Place of Busin | 000 | 2 Mail | ling Address | | | · | ļ | | | | | | |
| z. milicipal r | ing Address | Address | | | | | IDIER KIINI NOON BIDN ENDI | FIO IF B (0)I | 41811 81811 818 | ## # ### ## # | | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | ☐ CHECK HERE IF MAKING CHANGES | | | | | | |
| City & Stat | te | | City & State | | | | | 4. FEI Number 59-1285907 | | | | - I Ar | pplied For | |
| | | | | | | | | | | | | Not Applicable | | |
| Zip Country | | | | Zip Cou | | | 5. Certificate of Status Desired \$8.75 Addition Fee Required | | | | | | | |
| 6. Name and Address of Current Registered Agent | | | | | | | 7. Name and Address of New Registered Agent | | | | | | | |
| - | | | | | | Name | | | | | | | | |
| BRUNO, MARY L 4 1881 N. HERCULES AVE., #1201 | | | | | - | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | |
| | HEHCULES ATER FL 33 | | | | | | | | | <u> </u> | | | | |
| ; | | *. | | | ļ | City | | | _ | | FL | Zip Cod | le · | |
| 9. The alfour | named ontitu | submits this statement for | r the purp | ose of changing its | rogistoro | d office o | v rogietor | od agent o | r both is | n the State of Elerida | | millios with | and accont | |
| the obligat | tions of regist | ered agent. | r are purp | ose of changing its | registere | u onice c | n registeri | eu agent, u | or DOUT, II | i the state of Florida | . raiiia | miliar willi, | and accept | |
| MANAGER | | * * | | | | | - | | | | | | | |
| SIGNATURE . | Signature, typed | or printed name of registered agent a | and title if appl | licable. (NOTE | : Registered | Agent signa | ture required | when reinstatin | g) | · · · · · · · · · · · · · · · · · · · | DATE | | - | |
| | | | | | 71- | | , | | | | | | i | |
| | | : FEE IS \$61.25 | 00.00 | Election Cam Trust Fund C | | | | \$5.00 M | | | | Payable | | |
| Aner Sepi | ember 10, | 2003, min will be \$2 | 36.25 | nust Fund C | Onthibutio | H F. | | Added to F | -ees | Florida C | epartr | nent of a | state | |
| 10. | | OFFICERS AND DIF | ECTORS | | 11. | | P | DDITIONS | /CHANC | SES TO OFFICERS A | ND DIR | CTORS IN | 10 | |
| TITLE | D Bruno, M | ADV | | ☐ Delete | TITLE | | | | | | | Change | ☐ Addition { | |
| NAME STREET ADDRESS | | CULES AVE., #1201 | | | NAME STREE | T ADDRESS | | | | | | | 1 | |
| CITY-ST-ZIP | CLEARWA | | | | CITY- | ST-ZIP | | | | | | | | |
| TITLE | D | | | Delete | TITLE | | Cha | 1600 | PPR | rson Dakunis Stsw 33774 | | ☐ Change | Addition | |
| NAME STREET ADDRESS | SPENCE, (| CHARLES TH SO NO, #804 | | | NAME | T ADDRESS | Roth | PN | nan | DAKUNIS | | | | |
| . CITY-ST-ZIP | | TER:FL:33764: | | The second of a second | | ST-ZIP | 141 | ,75 Je | :An 1 | 33774 | _ , | | 1 | |
| TITLE | DT | | | ☐ Delete | TITLE | | | ·60 | | <u> </u> | | ☐ Change | ☐ Addition | |
| NAME | HERRING, | | | | NAME | | | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | H AVE NORTH #349 FER FL 33765 | | | STREE | T ADDRESS | | | | | | | | |
| TITLE | D | IER 1 E 33703 | | ☐ Delete | TITLE | | | | | | | Change | Addition | |
| NAME | STINNETT, | JOHN | | | NAME | | | | | | ' | | | |
| STREET ADDRESS | | Y DR #1205 | | | | ADDRESS - | , | | | | | | | |
| CITY-ST-ZIP | | TER FL 33764 | | for all the second | CITY-5 | 51-ZIP | 1000 | LCTOT | | | | | 5 | |
| TITLE NAME | C Spence, 1 | IORMA | | Delete Delete | TITLE NAME | • | Chr | is D | m | ndakuni. | s | ☐ Change | Addition | |
| STREET AODRESS | | TH SO NO, #804 | | | | T ADDRESS | J 14 | การ์ | Je A | n St SW | | | ĺ | |
| CITY-ST-ZIP | CLEARWA1 | ER FL 33764 | | | CITY-S | ST-ZIP | La | rgo T | FI | 32774 | | | | |
| TITLE | D | LADDV | | ☐ Delete | TITLE | | | - | | 7 | | ☐ Change | ☐ Addition | |
| NAME STREET ADDRESS | COUNGLIN | i, larry DNA Heights DR., #58 | 2 | | NAME | ADDRESS | ł | | | S . | | | | |
| CITY-ST-ZIP | LARGO FL | · | , | | CITY-S | | | | | | | | | |
| | | information supplied with | this filing | doos not qualify for | | | tod in Con | ation 110.0 | 7(2)(i) = | lorido Statutos 1 5 4 | or cortif | | oformation | |

indicated on this report or supplied with this liting 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: