


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90002 025 ****61.25

DOCUMENT # 721598

1. Entity Name
THE BIBLE READING FELLOWSHIP, INC.



Principal Place of Business
 359 1/2 E. FAIRBANKS AVENUE
 P.O. BOX 380
 WINTER PARK, FL 32789 US

Mailing Address
 P.O. BOX 380
 WINTER PARK, FL 32790-0380 US

30004313



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01102005 Chg-NP CR2E037 (10/03)

City & State
 City & State

4. FEI Number
 23-7202284

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

O'GRODY, MICHAEL
 119 HOLLIE COURT
 MAITLAND, FL 32751

7. Name and Address of New Registered Agent

Name **DAVID LAIRD**

Street Address (P.O. Box Number is Not Acceptable)
677 POST OAK CIRCLE # 115

City **ALTAMONTE SPRINGS** FL Zip Code **32701**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *David B. Laird* DATE **1/11/05**

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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PR BOD	<input type="checkbox"/> Delete
NAME	O'GRODY, MICHAEL	
STREET ADDRESS	119 HOLLIE COURT	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	EVERETT, DYKES	
STREET ADDRESS	341 E CENTRAL AVE	
CITY-ST-ZIP	WINTER PARK, FL 327893272	
TITLE	ST EXECUTIVE DIRECTOR	<input type="checkbox"/> Delete
NAME	LAIRD, DAVID	
STREET ADDRESS	677 POST OAK CIRCLE #115	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	JOHN W. TUCKER III	
STREET ADDRESS	1020 KEYES AVE.	
CITY-ST-ZIP	WINTER PARK, FL 32789-7705	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *David B. Laird* DATE **1/11/05** DAYTIME PHONE # **(407) 6284330**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR