## 2008 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

**DOCUMENT #721598** 

1. Entity Name

THE BIBLE READING FELLOWSHIP, INC.



Apr 24, 2008 08:00 AN Secretary of State

**FILED** 

Principal Place of Business

Mailing Address

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

WINTER PARK, FL 32790-0380 US



04032008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 23-7202284 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAIRD, DAVID

## DO NOT WRITE

ALTAMONTE SPRINGS, FL 32701			IN THIS SPACE		
	ions of registered agent.				th, in the State of Florida. I am familiar with, and accept
	Signature, typed or purified name of registered agent and title of Filling Fee Is \$81.25  Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution.	ugnaturi	\$5.00 May Be Added to Fees	DATE
10.	OFFICERS AND DIREC	TORS			40 3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD O'GRODY, MICHAEL 119 HOLLIE COURT MAITLAND, FL 32751				000000919522 05/14/08-80007-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED LAIRD, DAVID 677 POST OAK CIRCLE #115 ALTAMONTE SPRINGS, FL 32701		·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TUCKER, JOHN W III 1020 KEYES AVE WINTER PARK, FL 327897705			DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			• •		THIS SPACE
TITLE NAME STREET ADDRESS				•	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

> Dew. Jm- II. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John W. Tucker, III.

41-22-08

407-628-4330

Date

Daylime Phone #