

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # 732056 (7)

1. Corporation Name

BACK ON THE FARM BIBLE CONFERENCE, INC.



Principal Place of Business	Mailing Address
2511 W. MINNEHAHA TAMPA FL 33614	2511 W. MINNEHAHA TAMPA FL 33614

3. Date Incorporated or Qualified	03/06/1975
-----------------------------------	------------

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	---------------------------------------------------------

6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
--------------------------------------------------------	------------------------------------------------------

7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
------------------------------------------------------------	----------------------------------------------------------

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------------------------------------------------------------------------------------------	----------------------------------------------------------

9. Name and Address of Current Registered Agent
GRANT, JOHN A JR 1411 NORTHWEST SHORE BLVD SUITE 110 TAMPA FL

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	SD <input type="checkbox"/> DELETE
NAME	HANKINS, CAROLYN
STREET ADDRESS	12413 PALM TREE DR
CITY-ST-ZIP	THONOTASSASSA FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	GARMON, MILDRED
STREET ADDRESS	2511 W MINNEHAHA
CITY-ST-ZIP	TAMPA, FL 00000
TITLE	VD <input type="checkbox"/> DELETE
NAME	GARMON, LLOYD
STREET ADDRESS	16137 ARMISTEAD LN
CITY-ST-ZIP	ODESSA FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	GARMON, L H
STREET ADDRESS	2511 W MINNEHAHA
CITY-ST-ZIP	TAMPA, FL 00000
TITLE	VD <input type="checkbox"/> DELETE
NAME	HANKINS, STANLEY R., JR.
STREET ADDRESS	124 PALM TREE DR
CITY-ST-ZIP	THONOTOSASSA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GARMON, JACKIE
STREET ADDRESS	16137 ARMISTEAD LN
CITY-ST-ZIP	ODESSA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rev. L. H. Garmon* *Jan. 30, 1998*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)