FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 732056

BACK ON THE FARM BIBLE CONFERENCE, INC.

Principal Place of Busine								
2511 W. MINNEHAHA								
TAMPA FL 33614								

2. Principal Place of Business

22

Mailing Address

2511 W. MINNEHAHA TAMPA FL 33614

2a. Mailing Address

26

FILED Feb 16, 1999 8:00am **Secretary of State**

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Date Incorporated or Qualifed

03/06/1975

Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
City & Stat	-							\$8.75 Additional	
23	¬ ·					5. Certifcate of Status Desired	Fee Re		
Zip	Country Zip Cou			ntry	-	6. Election Campaign Financing S5.00 May Be			
24	25 29 30					Trust Fund Contribution Added to Fees			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
,				81	Name				
GRANT, JOHN A JR				82 Street Address (P.O. Box Number is Not Acceptable)					
1411 NORTHWEST SHORE BLVD				82 Street Address (P.O. Box Number is Not Acceptable)					
SUITE 110									
TAMPA FL									
TAWFA FL				84	City	 	L 85 Zip C	ode	
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									
12.	Signature, typed or printed name of registered agent		egistered	Agent	signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS /	NID DIDECTO	30 IN 40	
TITLE	OFFICERS AND	DELETE	1.1 TH			ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	
	SD CAROLVA	C) Derese				•	□ Change	☐ Wagnon	
NAME	HANKINS, CAROLYN		1.2 NA					,	
STREET ADDRESS				1.3 STREET ADDRESS					
CITY-ST-ZIP				Y-ST-	ZIP		Change		
TILE	SD	☐ DÉLÉTE 2.1			Æ			Addition	
NAME	GARMON, MILDRED		2.2 NA	ME					
STREET ADDRESS	2511 W MINNEHAHA		2.3 ST	REETA	ODRESS	·			
CITY-ST-ZIP	TAMPA, FL 00000			TY-ST-	ZIP				
TITLE	VD DELETE 3.1			LE			Change	Addition	
NAME	GARMON, LLOYD		3.2 NA	ME					
STREET ADORESS	16137 ARMISTEAD LN		3.3 STI	REETA	ODRESS				
CITY-ST-ZIP	ODESSA FL		3.4. Cf	ry-st-	ZIP			Ì	
TITLE	PD	☐ DELETE	4.1 TIT	LE			Change	☐ Addition	
NAME	GARMON, L H		4. 2 NA	ME	ŀ				
STREET ADDRESS	2511 W MINNEHAHA		4.3 STI	REETA	DDRESS				
CITY-ST-ZIP	TAMPA, FL 00000		4.4 CIT	Y-ST-	ZiP	, se a fin			
TITLE .	VD .	☐ DELETE 5					☐ Change	☐ Addition	
NAME	HANKINS, STANLEY R., JR. 52			ME		•			
STREET ADDRESS				REETA	DORESS				
CITY-ST-ZIP				Y-ST-	ZIP				
TITLE	D	☐ DELETE	6.1 TITI	LĒ			Change	Addition	
NAME	GARMON, JACKIE		6.2 NA	ME				-	
STREET ADDRESS	16137 ARMISTEAD LN		6.3 STF	REETA	DORESS			1	
CITY-ST-ZIP	ODESSA FL		6.4 CIT						
0111-01-2F	OULOUN I L		J		<u> </u>		<u></u>		

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, with all other like empowered.

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