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**Jan 21 1997 8:00am
Secretary of State**

**NONPROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741527 (6)

1. Corporation Name
BIBLE FELLOWSHIP CHURCH, INC.



Principal Place of Business Mailing Address
5915 HAYES ST. HOLLYWOOD FL 33021-5170

3. Date Incorporated or Qualified **02/06/1978** 3a. Date of Last Report **02/16/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1810723	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent SCHMITZ, CHARLES H., JR. 210 SW 7 STREET DANIA FL 33004	10. Name and Address of New Registered Agent 81 Name Meola, Tony, Jr. 82 Street Address (P.O. Box Number is Not Acceptable) 210 SW 7 ST. 83 84 City Dania FL 85 Zip Code 33009
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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 *Tony Meola* **Tony Meola President** DATE **1/8/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	D DODD, JAMES L. 2100 S.W. 42 TERR. FT. LAUDERDALE FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE	D SANDERS, JOSEPH B. 210 S.W. 7 ST., #2 DANIA FL	1.2 NAME	
TITLE <input type="checkbox"/> DELETE	D MEOLA, TONY 5915 HAYES ST. HOLLYWOOD FL	1.3 STREET ADDRESS	900002066479
TITLE <input checked="" type="checkbox"/> DELETE	PD SCHMITZ, CHARLES H. 210 SW 7 STREET DANIA FL	1.4 CITY - ST - ZIP	-01/23/97--01080--025 Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE		2.1 TITLE	***61.25
TITLE <input type="checkbox"/> DELETE		2.2 NAME	
TITLE <input type="checkbox"/> DELETE		2.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		2.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE		3.2 NAME	Meola, Tony
TITLE <input type="checkbox"/> DELETE		3.3 STREET ADDRESS	210 SW 7 St
TITLE <input type="checkbox"/> DELETE		3.4 CITY - ST - ZIP	Dania, FL 33009
TITLE <input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE		4.2 NAME	
TITLE <input type="checkbox"/> DELETE		4.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		4.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE		5.2 NAME	David Fleming
TITLE <input type="checkbox"/> DELETE		5.3 STREET ADDRESS	6424 Plunkett St.
TITLE <input type="checkbox"/> DELETE		5.4 CITY - ST - ZIP	Hollywood, FL 33023
TITLE <input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE		6.2 NAME	Mark Schroder
TITLE <input type="checkbox"/> DELETE		6.3 STREET ADDRESS	10601 NW 6 Ave
TITLE <input type="checkbox"/> DELETE		6.4 CITY - ST - ZIP	Miami, FL 33150

14. I do 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: *Tony Meola* **Tony Meola** DATE **1/8/97** DAYTIME PHONE # **954-926-6242**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)