


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # 741527
1. Entity Name
 BIBLE FELLOWSHIP CHURCH, INC.



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

Mailing Address
 5915 HAYES ST.
 HOLLYWOOD, FL 33021-5170

DO NOT WRITE IN THIS SPACE



01102004 No Chg-NP CR2E037 (10/03)

4. FEI Number
 59-1810723

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MEOLA, TONY JR.
 5910 HAYES ST
 HOLLYWOOD, FL 33021

DO NOT WRITE IN THIS SPACE

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

Filing Fee is \$61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DODD, JAMES L.
STREET ADDRESS	2100 S.W. 42 TERR.
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	E
NAME	WALL, JOHN
STREET ADDRESS	5739 MCKINLEY STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	PD
NAME	MEOLA, TONY
STREET ADDRESS	5915 HAYES ST.
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	D
NAME	SCHRODER, MARK
STREET ADDRESS	10601 NW 6 AVE.
CITY-ST-ZIP	MIAMI, FL 33150
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

02/25/04-80061-005 61.25

DO NOT WRITE IN THIS SPACE

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: *Anthony Meola* **Anthony Meola** *1/24/04* **954-961-1217**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #