FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 749103 (8)

1. Corporation Name

BIBLICAL MEDITATION FELLOWSHIP, INC.

Principal Place of Business	Mailing Address
4004 S. TOM AVENUE INVERNESS FL 34452 US	4004 S. TOM AVENUE INVERNESS FL 34452 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/26/1979
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-1893336 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 30139 TAVARES RIDGE BLVD	26 PO BOX #92
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 TAVARES, FL	28 INVERNESS, FL
24 Zip 32778 — 25 Country USA	29 Zip 34451 — 30 Country USA

9. Name and Address of Current Registered Agent

ELLISON, MARJORIE
4004 S. TOM AVENUE
INVERNESS FL 34452

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
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	D	1.1 TITLE	☒ Change ☐ Addition
NAME	CURRIER, ROBERT E.	1.2 NAME	CURRIER, ROBERT E.
STREET ADDRESS	103 NW 202ND TERR., #703	1.3 STREET ADDRESS	30139 TAVARES RIDGE BLVD
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	TAVARES, FL 32778
TITLE	MD	2.1 TITLE	☐ Change ☐ Addition
NAME	BONACCI, NICHOLAS	2.2 NAME	
STREET ADDRESS	16115 AIRPORT ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOCKPORT IL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	ELLISON, MARJORIE	3.2 NAME	
STREET ADDRESS	4004 S. TOM AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☒ Change ☐ Addition
NAME	GALVIN, J. DON	4.2 NAME	V GALVIN, DON - DECEASED
STREET ADDRESS	9241 W. BROWARD BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☒ Change ☐ Addition
NAME	GOMEZ, VENISE	5.2 NAME	V GOMEZ, VENISE
STREET ADDRESS	1738 SILVERWOOD DRIVE	5.3 STREET ADDRESS	925 NW 203 AVE
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	ST	6.1 TITLE	☐ Change ☐ Addition
NAME	BENNET, JAN	6.2 NAME	
STREET ADDRESS	9435 FOUNTAINBLEAU BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Marjorie Ellison (MARJORIE ELLISON) 4-17-95 904 637-4865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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