

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 749103 (8)

1. Corporation Name

BIBLICAL MEDITATION FELLOWSHIP, INC.



Principal Place of Business

**30139 TAVARES RIDGE BLVD
TAVARES FL 32778
US**

Mailing Address

**P.O. BOX 92
INVERNESS FL 34451
US**

3. Date Incorporated or Qualified
09/26/1979

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **CURRIER, ROBERT E.**
STREET ADDRESS **30139 TAVARES RIDGE BLVD**
CITY-ST-ZIP **TAVARES FL**

TITLE **MD** ☐ DELETE
NAME **BONACCI, NICHOLAS**
STREET ADDRESS **16115 AIRPORT ROAD**
CITY-ST-ZIP **LOCKPORT IL**

TITLE **PD** ☐ DELETE
NAME **ELLISON, MARJORIE**
STREET ADDRESS **4004 S. TOM AVENUE**
CITY-ST-ZIP **INVERNESS FL**

TITLE **V** ☒ DELETE
NAME **GOMEZ, VENISE**
STREET ADDRESS **925 N.W. 203RD AVE**
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **ST** ☒ DELETE
NAME **BENNET, JAN**
STREET ADDRESS **9435 FOUNTAINBLEAU BLVD.**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **MD**
4.3 STREET ADDRESS **ELLISON, ALLEN W.**
4.4 CITY-ST-ZIP **5602 N. SEMINOLE AVE.**
TAMPA, FL 33604

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **ST**
5.3 STREET ADDRESS **ELLISON, ALICIA B.**
5.4 CITY-ST-ZIP **5602 N. SEMINOLE AVE.**
TAMPA, FL 33604

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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) 1-17-96 (352-637-4865)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)