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Jan 17 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 # 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 34451-0092  
US



3. Date Incorporated or Qualified  
09/26/1979

3a. Date of Last Report  
01/24/1996

2. Principal Place of Business

21 3748 NE 8 PL  
Suite, Apt. #, etc.

22 348

City & State

23 Ocala FL

Zip

24 34470

Country

25 MARION

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

City & State

28 Zip

29 Country

City & State

Zip

Country

30

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



9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELLISON, MARJORIE  
4004 S. TOM AVENUE  
INVERNESS FL 34452

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 3748 NE 8 PL #348  
1.4 CITY-ST-ZIP Ocala FL 34470

☒ Change ☐ Addition

TITLE V  
NAME BONACCI, NICHOLAS  
STREET ADDRESS 16115 AIRPORT ROAD  
CITY-ST-ZIP LOCKPORT IL

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ DELETE

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

☐ Change ☐ Addition

TITLE MD  
NAME ELLISON, ALLEN W  
STREET ADDRESS 5602 N. SEMINOLE AVE.  
CITY-ST-ZIP TAMPA FL

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ST  
NAME ELLISON, ALICIA B  
STREET ADDRESS 5602 N. SEMINOLE AVE.  
CITY-ST-ZIP TAMPA FL

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Marjorie Ellison*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-97 352-637-4865  
Date Daytime Phone # 0065326

CR2E037 (9/96)