

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749103

FILED
Jan 08, 2004
Secretary of State**Entity Name:** BIBLICAL MEDITATION FELLOWSHIP, INC.**Current Principal Place of Business:**12801 NE 139 PLACE
105
FORT MC COY, FL 32134 US**New Principal Place of Business:**4004 S TOM AVE
INVERNESS, FL 34452 US**Current Mailing Address:**P.O. BOX 92
INVERNESS, FL 34451 US**New Mailing Address:****FEI Number:** 59-1893336 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ELLISON, MARJORIE J PRES
4004 S. TOM AVENUE
INVERNESS, FL 34452 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** D (X) Delete
Name: CURRIER, ROBERT E.,
Address: 12801 NE 139 PL 105
City-St-Zip: FORT MC COY, FL 32134 US**Title:** V () Delete
Name: BONACCI, NICHOLAS,
Address: 16115 AIRPORT ROAD
City-St-Zip: LOCKPORT, IL**Title:** PD () Delete
Name: ELLISON, MARJORIE,
Address: 4004 S. TOM AVENUE
City-St-Zip: INVERNESS, FL 34452 US**Title:** MD () Delete
Name: ELLISON, ALLEN W
Address: 5602 N. SEMINOLE AVE.
City-St-Zip: TAMPA, FL 33604 US**Title:** ST () Delete
Name: ELLISON, ALICIA B
Address: 5602 N. SEMINOLE AVE.
City-St-Zip: TAMPA, FL 33604 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VD (X) Change () Addition
Name: BONACCI, NICHOLAS,
Address: 16115 AIRPORT ROAD
City-St-Zip: LOCKPORT, IL**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARJORIE ELLISON

P

01/08/2004

Electronic Signature of Signing Officer or Director_____
Date