

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 749103

FILED  
Jan 10, 2003  
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:

## 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  
4004 S. TOM AVENUE  
INVERNESS, FL 34452 US

## Name and Address of New Registered Agent:

ELLISON, MARJORIE J PRES  
4004 S. TOM AVENUE  
INVERNESS, FL 34452 US

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: MARJORIE J ELLISON

01/10/2003

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CURRIER, ROBERT E.,  
Address: 12801 NE 139 PL 105  
City-St-Zip: FORT MC COY, FL 32134

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

Title: MD ( ) Delete  
Name: ELLISON, ALLEN W  
Address: 5602 N. SEMINOLE AVE.  
City-St-Zip: TAMPA, FL

Title: ST ( ) Delete  
Name: ELLISON, ALICIA B  
Address: 5602 N. SEMINOLE AVE.  
City-St-Zip: TAMPA, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: CURRIER, ROBERT E.,  
Address: 12801 NE 139 PL 105  
City-St-Zip: FORT MC COY, FL 32134 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: ELLISON, MARJORIE,  
Address: 4004 S. TOM AVENUE  
City-St-Zip: INVERNESS, FL 34452 US

Title: MD (X) Change ( ) Addition  
Name: ELLISON, ALLEN W  
Address: 5602 N. SEMINOLE AVE.  
City-St-Zip: TAMPA, FL 33604 US

Title: ST (X) Change ( ) Addition  
Name: ELLISON, ALICIA B  
Address: 5602 N. SEMINOLE AVE.  
City-St-Zip: TAMPA, FL 33604 US

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 J ELLISON

PRES

01/10/2003

Electronic Signature of Signing Officer or Director

Date