

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 # **749639** (1)
1. Corporation Name
BIBLE MISSIONARY CHURCH, INC.



Principal Place of Business: **209 SOUTH TENNESSEE AVE P.O. BOX 7212 LAKELAND FL 33801 US**
Mailing Address: **P.O. BOX 7212 ~~P.O. BOX 7212~~ LAKELAND FL 33807**

3. Date Incorporated or Qualified: **11/02/1979**
3a. Date of Last Report: **08/04/1995**
4. FEI Number: **59-1965037**
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

2. Principal Place of Business: **221 SOUTH FLORIDA AVENUE**
2a. Mailing Address: **26**
22. Suite, Apt. #, etc.: **27**
23. City & State: **LAKELAND, FLORIDA**
28. City & State: **29**
24. Zip: **33801** 25. Country: **U.S.** 29. Zip: **30** 30. Country:

9. Name and Address of Current Registered Agent
**MC KEOWN, A. PERRY
1261 ALMA STREET
LAKELAND FL 33803**

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 officer 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC KEOWN, A PERRY	1.2 NAME	
STREET ADDRESS	1261 ALMA ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, BLAIR	2.2 NAME	
STREET ADDRESS	833 CANDYCE AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNON, CARL R	3.2 NAME	
STREET ADDRESS	203 FERNERY RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIRMIN, JOSEPH B	4.2 NAME	
STREET ADDRESS	618 OPPITZ LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRAUBEL, CHARLES A.	5.2 NAME	
STREET ADDRESS	1615 KIPLING LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FLORIDA, 33803	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	STRAUBEL, CHARLES A.
5.3 STREET ADDRESS	1615 KIPLING LANE
5.4 CITY-ST-ZIP	LAKELAND, FLORIDA, 33803
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: A. Perry McKeown **A. PERRY MCKEOWN, PRESIDENT**, 4/26/96 (941) 688-3137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)