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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

749639

(1)

BIBLE MISSIONARY CHURCH, INC.

FILED											
Apr	15	1997	8:00am								
Se	cre	tary o	of State								



Principal Place of Business Mailing Address					-				
004 C ELODIDA	AVEANIC	P. O. BOX 7212							
221 S FLORIDA P.O. BOX 7212	AVENUE	P.O. BOX 7212							
LAKELAND FL 33801 US		LAKELAND FL 33807-7212 US				3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996			
2. Principal P	lace of Business	2a. Mailing Address	·	-		4. FEI Number	.1	A	oplied For
21		26				59-1965037		N	ot Applicable
Suite, ADt. #. etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional
22		27	27			C. Commente of Glarge Bestrea	<u> </u>	Fee R	equired
City & State		City & State			Election Campaign Financing			May Be	
23		28				Trust Fund Contribution			to Fees
Ζip	Country	Zip	Count	lry		8. This corporation has liability for in			. 199.032,
24	25		30			Florida Statutes L. 10. Name and Address of New Reg		No	
	9. Name and Address of Curre	III nagistalau Agailt		31	Name	10. Italia and Addiese of teem the	JIBKO TOG A	Bour	
	LAZEA A POPUNDUA		Ľ						
	WN, A. PERRY		8	32 3	Street Addres	ss (P.O. Box Number is Not Acceptabl	e)		
	MA STREET		e e	33					
LAKELAT	ND FL 33803		L.					· · · · · · · · · · · · · · · · · · ·	
			8	34 (City		FL	85 Zip	Code
11 Dureuant	to the provisions of Sections 617 05	02 and 617 1508. Florida Statute	es the abo	nve-r	named corpor	ration submits this statement for the pr	uroose of	 changing i	ts registered
office or r	registered agent, or both, in the State	e of Florida. Such change was a	authorized .	hv fi	he corporatio	n's board of directors. I hereby accep	t the appo	intment as	registered
•	m familiar with, and accept the oblig	gations of, Section 617.0503, Fig	orida Statu	ies.					
SIGNATURE .	Signature, typod or printed name of registered ag	ont and title if applicable (NOTE	Hogistered A	Agent :	s-gnature required	when reinstaling)	DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC			RS IN 12
TITLE	PTD	☐ DELETE	1.1 TITU	E				Change	☐ Addition
NAME	MCKEOWN, A PERRY		1.2 NAM	1 F					
STREET ADDRESS	1261 ALMA ST		1.3 STRI	EE1 AC	DDRESS				
CITY-ST-ZIP	LAKELAND, FL 00000		1.4 CITY	-81-	ZIP				
TITLE	D	DELETE	21 THL	E			ļ	Change	☐ Addition
NAME	CLARK, BLAIR		2.2 NAM	1E					
STREET ADDRESS	833 CANDYCE AVE.		23 STRI	EET AD	DDRESS				
CITY-ST-ZIP	LAKELAND FL		2 4 CIT		ZIP			mar.	
TITLE	D	☐ DELFTE	31 TILL		1			Change	Addition
NAME	CANNOY, CARL R		3.2 NAM						
STREET ADDRESS	203 FERNERY RD		3.3 STR						
CITY-ST-ZIP	LAKELAND FL	T DELETE	3.4. CiT1		ZIP			Change	Addition
TITLE	D FIDNIN IOCEDIA D	DELETE	4.1 1111					L Change	LI Addition
NAME	FIRMIN, JOSEPH B		4 2 NAM						
STREET ADDRESS	618 OPPITZ LANE		4.3 STRI						
CITY-ST-ZIP	LAKELAND FL	DELETE	4.4 CITY 5.1 THL		ZIP			Change	Addition
TITLE	D Straubel, Charles A.	- Officit	5.1 MAM				'		
NAME CTOSET ADDRESS	1515 KIPLING LANE		5.3 STRI		nnar es				
STREET ADDRESS	LAKELAND FL		5.3 SIM						
CITY-ST-ZIP TITLE	PULL IL	DELETE	6.1 THL		L!"			Change	Addition
NAMÉ			6.2 NAM				·		
STREET ADDRESS			6.3 STR		DDRESS				
			6.3 STA						
CITY-ST-ZIP	L		■ 04 C/11	- 10	En l	0	1.4. (1)		

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.

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PRINTICHERY A PORRYM CK KOW

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