


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90026 019 ****70.00

DOCUMENT # N01000007418 1. Entity Name BIBLICAL FOUNDATION CHURCH OF GOD, INC.					
Principal Place of Business 1710 CONWAY GARDENS RD ORLANDO FL 32806			Mailing Address 7705 SW 10TH STREET OCALA FL 34474		
2. Principal Place of Business 429 Gaston Foster Rd			3. Mailing Address 7705 SW 10th Street		
Suite, Apt. #, etc. Suite D			Suite, Apt. #, etc. 		
City & State ORLANDO FL			City & State FL Ocala		
Zip 32807			Zip 34474		
Country USA			Country USA		
6. Name and Address of Current Registered Agent BLAIR, MCCAULEY 7705 SW 10TH ST. OCALA FL 34474			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAULEY, BLAIR L		NAME		
STREET ADDRESS	7705 SW 10TH ST.		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34474		CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, DAVID		NAME	FORTIN Robert	
STREET ADDRESS	1710 CONWAY GARDENS RD		STREET ADDRESS	309 LEMON ST	
CITY-ST-ZIP	ORLANDO FL 32806		CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORIN, MCCAULEY L		NAME		
STREET ADDRESS	7705 SW 10TH ST.		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34474		CITY-ST-ZIP		
TITLE	DST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAULEY, CAROL		NAME		
STREET ADDRESS	7705 SW 10TH STREET		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34474		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YASMINE, ALLEN		NAME		
STREET ADDRESS	1710 CONWAY GARDENS RD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32806		CITY-ST-ZIP		
TITLE	DST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORTIN, CHERI		NAME		
STREET ADDRESS	309 LEMON ST.		STREET ADDRESS		
CITY-ST-ZIP	AUBURNDALE FL 33823		CITY-ST-ZIP		
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Blair L. McCauley</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-14-04 Daytime Phone # _____		

54034182



MOORE CR2E037 (11/03)

4. FEI Number **NO-T APPLICABLE** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required