## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

> Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name N01907

(7)

**BIBLE STANDARD CHURCH INCORPORATED** 

Principal Place of Business Mailing Address						OOF BIER DIDII QIDR BIEI	S BEBU! DIGIT IBBI
2253 119 ST. N. 2119 WHISPERING PINE LARGO FL 33644 LARGO FL 34644-1808 US US							
					3. Date Incorporated or Qualified 03/13/1984	3a. Date of Las 03/07/1	
21	flace of Business	2a. Mailing Address 26	. Mailing Address		4. FEI Number NOT APPLICABLE		Applied For Not Applicable
Suite, Apt. 22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat 23	re	City & State		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip <b>29</b>	Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes M No		
	9. Name and Address of Current		1301		10. Name and Address of New Re		
			8	1 Name		<u> </u>	
MADRAY	y, Kerwyn		<u> </u>	- 0		,	
2119 WHISPERING PINE ST.			8	2 Street Adv	iress (P.O. Box Number is Not Acceptable	9)	
LARGO,	34644		8	3			
			8-	1 City		FL 85 Z	ip Code
11 Dureuant	to the provisions of Continue 617 0500	and 617 1509. Florida Ctatul	too the about	1	pration submits this statement for the purp		
or registe	ired agent, or both, in the State of Florid rith, and accept the obligations of, Section	a. Such change was authoriz	zed by the cor	poration's boa	ard of directors. Thereby accept the appoi	intment as registere	registered office d agent. I am
SIGNATURE	Esther Mad						
12.	Gignature, typed or printed name of registered agent; a OFFICERS AND		OTE Hogistered Ag	ent signature region	ed when renistating)	DATE	N. 161 161 46
TIFLE	S S	DELETE	1 1 TITLE		ADDITIONS CHANGES TO OFFIC		
NAME	MADRAY, KERWYN B.	<del>-</del>			Change Addition		
STREET ADDRESS	2119 WHISPERING PINE ST.		1.2 NAME				
CITY-ST-ZIP	LARGO FL		1.3 STREET ADDRESS 1.4 City-St-7ip				
TITLE	AT DELETE		21 TITLE	\$1-7IP		☐ Change	Addition
NAME	WHITTINGTON, AMYAN		2 2 NAME			change	L_J Addition
STREET ADDRESS	3080 19TH PLACE			T ADDRESS			
CITY-ST-ZIP	LARGO FL		2 4 CiTY	•			
TITLE	AS			TITLE Change		Addition	
NAME	ADDY, ANNE	_	3 2 NAME			c isings	
STREET ADDRESS	1398 HILLCREST AVENUE S			T ADDRESS			
CITY - ST - ZIP	CLEARWATER FL		3.4 CITY				
THILE	VP	DELETE	41 TITLE			Change	Addition
NAME	MADRAY, RAYMOND		4 2 NAM				
STREET ADDRESS	2119 WHISPERING PINE ST		4.3 STREE	T ADORESS			
C!TY-ST-ZIP	LARGO FL		4.4 CITY -	S1-2IP			
TITLE	PD FORUS	DELETE				☐ Change	Addition
NAME	MADRAY, ESTHER		5.2 NAME				
STREET ADDRESS	2119 WHISPERING PINE ST		5 3 STREE	T ADDRESS			
CITY-ST-ZIP	LARGO FL			ST-ZIP			
TITLE	ANYAN BUAN MATTIC	DELETE 61 TH				Change	Addition
NAME	AMYAN, BHAN MATTIE 3080 19 TH PLACE		6 2 NAME				
STREET ADDRESS	LARGO FL			T ADDRESS			
		ofte their films in the material of	64 CHY-	ST-7IP		7007 F	
oath; that	by certify that the information supplied wat the information indicated on this applied	य report or supplemental ann ation or the receiver or trusta	nished and do nual report is to be empowered	es not qualify	for the exemption stated in Section 119.0 ate and that my signature shall have the s is report as required by Chapter 617, Flor	anna lagal affact ac i	if mada undar

SIGNATURE: Signature and type of printed name of signing deficient on director (813)

Signature and type of printed name of signing deficient on director (813)

Signature and type of printed name of signing deficient on director (813)