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Jan 22 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17569 (7)

1. Corporation Name

BIBLE CRUSADE MINISTRIES, INC.

Principal Place of Business

1387 BELLEVUE BLVD
CLEARWATER FL 34616
US

Mailing Address

1387 BELLEVUE BLVD
CLEARWATER FL 34616-3233
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

28

29

30

3. Date Incorporated or Qualified

10/28/1986

3a. Date of Last Report

03/14/1996

4. FEI Number

59-2839342

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRIS, W. HUGH
1387 BELLEVUE BLVD
CLEARWATER FL 34616

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 office 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME HARRIS, W. HUGH
STREET ADDRESS 1387 BELLEVUE BLVD
CITY - ST - ZIP CLEARWATER FL☐ DELETETITLE DST
NAME HARRIS, PAULINE H.
STREET ADDRESS 1387 BELLEVUE BLVD
CITY - ST - ZIP CLEARWATER FL☐ DELETETITLE DV
NAME MOTT, ARTHUR F., JR.
STREET ADDRESS 9845 60TH ST. N. PINELLAS PARK
CITY - ST - ZIP ST. PETERSBURG FL☐ DELETETITLE D
NAME HARRIS, JAMES A.
STREET ADDRESS 207 PARK DRIVE
CITY - ST - ZIP WAUCHULA FL☐ DELETETITLE D
NAME WILLIAMS, HAROLD
STREET ADDRESS 238 LAKE HUNTER DR.
CITY - ST - ZIP LAKELAND FL☐ DELETETITLE D
NAME LEWALLEN, CHARLES M
STREET ADDRESS RT. 1 BOX 243-B
CITY - ST - ZIP SHERIDAN AZ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP☐ Change☐ Addition2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP☐ Change☐ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP☐ Change☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP☐ Change☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP☐ Change☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP☒ Change☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0086908

SHERIDAN AR

1-6-97
813 449 2116

CR2E037 (9/96)