FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N17569 (7)

BIBLE CRUSADE MINISTRIES, INC.						
Principal Place of Business Mailing Address				Liabiliar det tien faber Eithe della f	Dit Bigft årtit getti gipti gigtt åttit toor	
1367 BELLEYUE BLVD CLEARWATER FL 34616 US		1387 BELLEVUE BLVD CLEARWATER FL 34616 US		3. Date Incorporated or Qualified 10/28/1986 4. FEI Number	Applied For	
				59-2839342	Applied For Not Applicable	
21 2/3	PARK DRIVE	2a. Mailing Address 26 213 PAR	K DRIVE	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Suite, Apt.		Suite, Apt. #, etc.		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
City & State	ChULA FL	City & State 28 WAUCHULA	FL	7. Is this nonprofit corporation a ho	meowners association? Yes Mo	
Zip 24 3387	Country 25 USA	29 33873	Country 30 USA	This corporation owes or has pai Personal Property Tax due June	id the current year Intangible	
24 JJU1	9. Name and Address of Current		1301 000	10. Name and Address of New Re		
81 Name JAMES A HARRIS						
HARRIS, W. HUGH				Address (P.O. Box Number is Not Acceptab	le)	
1387 BELLEVUE BLVD			83 21	213 PARK DRIVE		
CLEARWATER FL 34616			£			
			84 City W	AULhoLA	FL 85 Zip Code ママママ	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation				corporation submits this statement for the p	urpose of changing its registered	
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 register office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the original control of the corporation of						
SIGNATURE Standard, typed or prelifer departs and falle if applicable (NOTE: Registered Agent signature required when reinstaling). DATE						
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE		Change	
NAME	HARRIS, W. HUGH		1.2 NAME		0 4 1 17	
STREET ADDRESS	1387 BELLEVUE BLVD		1.3 STREET ADDRESS	4/ BARRING YON CIT	KCLE	
CITY-ST-ZIP	CLEARWATER FL	- Drugge	1.4 CITY - ST - ZIP	41 BARRINGTON CIT SAVANNAH GA SI4	Change Addition	
TITLE	DST DATH INC U	[_] DELETE	2.1 TITLE		Change Addition	
NAME	HARRIS, PAULINE H. 1387 BELLEVUE BLVD		2.2 NAME	TO DADDINATAN COD	, 1 1 5	
STREET ADDRESS CITY+ST-ZIP	CLEARWATER FL		2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP	41 BARRINGTON CIRC SAVANNAH GA 314	19	
TITLE	DV	DELETE	3.1 TITLE	JAN AINTHON	Change Addition	
NAME	MOTT, ARTHUR F.,JR.		3.2 NAME		-	
STREET ADDRESS	9845 60TH ST. N. PINELLAS P	'ARK	3.3 STREET ADORESS			
CITY-ST-ZIP	ST. PETERSBURG FL		3.4. CITY-ST-ZIP			
TITLE	D	☐ DELETE	4.1 TITLE		Change Addition	
NAME	HARRIS, JAMES A.		4. 2 NAME			
STREET ADDRESS	207 PARK DRIVE		4.3 STREET ADDRESS			
CITY+ST-ZIP	WAUCHULA FL	Driett	4.4 CITY-ST-ZIP		Change [Addition	
TITLE	D MARIANA C MARIOLIN	☐ DELETE	5.1 TITLE		Change Addition	
NAME	Williams, Harold 238 lake Hunter Dr.		5.2 NAME			
STREET ADDRESS	LAKELAND FL		5.3 STREET ADORESS			
CITY-ST-ZIP TITLE	DANELAND FL.	☐ DECETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition	
NAME	LEWALLEN, CHARLES M	- preside	62 NAME		المرابعة الم	
STREET ADDRESS	RT. 1 BOX 243-B		6.3 STREET ADDRESS	11109 HWY 167 N		

14. Thereby 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, of on an attachment with an address.

SIGNATURE:

SHERIDAN AR

CITY-ST-ZIP

941-767-0039

FILED

Feb 16 1998 8:00am

Secretary of State