

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N44080**

1. Entity Name

BIBLICAL ALTERNATIVES FELLOWSHIP, INC.**FILED**
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90041 001 ****61.25

0036008

| | | | |
|--|--|---|---|
| Principal Place of Business 8241 W. ATLANTIC BLVD CORAL SPRINGS FL 33071 US | | Mailing Address 4821 NW 15TH ST. COCONUT CREEK FL 33063 US | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number NOT APPLICABLE | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ROWITT, STEVEN 4821 NW 15TH ST. COCONUT CREEK FL 33063 | | 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. | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE _____ | | | |
| FILE NOW: FEE IS \$61.25 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make Check Payable to Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROWITT, STEVEN 4821 NW 15TH ST. COCONUT CREEK FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHAPMAN, WILLIAM 7365 NW 15TH ST. PLANTATION FL <input checked="" type="checkbox"/> Delete | TITLE D NAME Bruce Kutikoff STREET ADDRESS 5503 N. Military Trail #207 CITY-ST-ZIP BOCA RATON FLA 33496 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WEINER, LAWRENCE 6410 SW 136TH AVE FT. LAUDERDALE FL <input checked="" type="checkbox"/> Delete | TITLE D NAME Yvonne Rowitt STREET ADDRESS 4821 NW 15 ST CITY-ST-ZIP Coconut Creek FL 33063 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Signature of Steven Rowitt Steven Rowitt 1/11/01 (954) 921-6718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C-20097 (10/00)