

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90083 049 ****70.00

DOCUMENT # N44080

1. Entity Name

BIBLICAL ALTERNATIVES FELLOWSHIP, INC.



Principal Place of Business

5399 N. DIXIE HIGHWAY
SUITE 100
OAKLAND PARK FL 33034-4
US

Mailing Address

4821 NW 15TH ST.
COCONUT CREEK FL 33063
US

JOURNAL

2. Principal Place of Business

1859 S. Dixie Hwy
Pompano Beach, FL
City & State
33060 USA
Zip Country

3. Mailing Address

4135 NW 67th Way
Coral Springs, FL
City & State
33067 USA
Zip Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$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 Steven Rowitt

Street Address (P.O. Box Number is Not Acceptable)

4135 NW 67th Way
Coral Springs

City

FL

Zip Code

33067

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

Steven Rowitt

STEVEN ROWITT

2/23/05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ROWITT, STEVEN	
STREET ADDRESS	4821 NW 15TH ST.	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRUCE, KUTIKOFF	
STREET ADDRESS	8897 ODELL DRIVE	
CITY-ST-ZIP	BOYTON BEACH FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROWITT, YVONNE	
STREET ADDRESS	4821 N W 15 ST.	
CITY-ST-ZIP	POMPANO BEACH FL 33063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Steven Rowitt STEVEN ROWITT

Date

Daytime Phone #

2/23/05 346-9803 (954)