

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$355)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 20 AM 8:27

DOCUMENT # N93000001675 (8)

1. Corporation Name

BRIDGE MUSIC MINISTRY INCORPORATED

Principal Place of Business

Mailing Address

7002 TWELVE OAKS BLVD.  
TAMPA FL 33634

7002 TWELVE OAKS BLVD.  
TAMPA FL 33634

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/15/1993  
3a. Date of Last Report 05/01/1994  
4. FEI Number 5903245475  
APPLIED FOR  
Applied For Not Applicable

2. Principal Place of Business  
21 3506 Belle Shadow Lane  
22 Suite, Apt. #, etc.  
23 City & State  
24 Zip Country  
25  
26 3506 Belle Shadow Lane  
27 Suite, Apt. #, etc.  
28 City & State  
29 Zip Country  
30

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ FILING FEE IS \$61.25  
8. 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

ELY, ROGER H  
7002 TWELVE OAKS BLVD.  
TAMPA FL 33634

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
3506 Belle Shadow Lane  
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 (if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME ELY, ROGER H  
STREET ADDRESS 7002 TWELVE OAKS BLVD. 3506 Belle Shadow Lane  
CITY - ST - ZIP TAMPA FL 33634  
TITLE D  
NAME ELY, SUSAN D  
STREET ADDRESS 7002 TWELVE OAKS BLVD. " " " "  
CITY - ST - ZIP TAMPA FL 33634  
TITLE D  
NAME ELY, R. PRESTON  
STREET ADDRESS 7002 TWELVE OAKS BLVD. " " " "  
CITY - ST - ZIP TAMPA FL 33634  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11 TITLE PRES.  
12 NAME  
13 STREET ADDRESS 3506 Belle Shadow Lane  
14 CITY - ST - ZIP  
21 TITLE SEC. / TREAS.  
22 NAME  
23 STREET ADDRESS 3506 Belle Shadow Lane  
24 CITY - ST - ZIP  
31 TITLE  
32 NAME  
33 STREET ADDRESS 3506 Belle Shadow Lane  
34 CITY - ST - ZIP  
41 TITLE D  
42 NAME Barton Bruce Wright  
43 STREET ADDRESS 14409 N. Nebraska Ave.  
44 CITY - ST - ZIP Tampa, FL 33634  
51 TITLE D  
52 NAME Bruce Olson  
53 STREET ADDRESS 14409 N. Nebraska Ave.  
54 CITY - ST - ZIP Tampa, FL 33634  
61 TITLE D  
62 NAME Jim Nemeth  
63 STREET ADDRESS 6812 N. 15th St  
64 CITY - ST - ZIP Tampa, FL 33610-1202

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), 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

6/14/92

813-623-2402