

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N93000001675 (8)

1. Corporation Name

BRIDGE MUSIC MINISTRY INCORPORATED



Principal Place of Business

Mailing Address

3506 BELLE SHADOW LANE  
TAMPA FL 33634  
US

3506 BELLE SHADOW LANE  
TAMPA FL 33634  
US

3. Date Incorporated or Qualified  
04/15/1993

3a. Date of Last Report  
06/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25

26

27

28

4. FEI Number

59-3245475

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

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  
3506 BELLE SHADOW LANE  
TAMPA FL 33634

61 Name

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

63

64 City

FL

65 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 P ☐ DELETE

NAME ELY, ROGER H  
STREET ADDRESS 3506 BELLE SHADOW LANE  
CITY-ST-ZIP TAMPA FL

TITLE ST ☐ DELETE

NAME ELY, SUSAN D  
STREET ADDRESS 3506 BELLE SHADOW LANE  
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE

NAME ELY, R. PRESTON  
STREET ADDRESS 3506 BELLE SHADOW LANE  
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE

NAME PANTOR, BRUCE W  
STREET ADDRESS 14409 N. NEBRASKA AVE.  
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE

NAME OLSON, BRUCE  
STREET ADDRESS 14409 N. NEBRASKA AVE  
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE

NAME NEMETH, JIM  
STREET ADDRESS 6812 N. 15TH STREET  
CITY-ST-ZIP TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(k), 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: *Roger H. Ely*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-96 813-623-2402  
Date Daytime Phone #

CR2E037 (12/95)