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May 14 1997 8:00am
Secretary of State

• NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1997

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 33634-4206
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
04/15/1993

3a. Date of Last Report
04/29/1996

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

10. Name and Address of New Registered Agent

ELY, ROGER H
3506 BELLE SHADOW LANE
TAMPA FL 33634

81 Name

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

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 of person or corporation changing agent and title, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☒ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do 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 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:

4/30/97 813-243-1885

CR2E037 (9/96)