## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

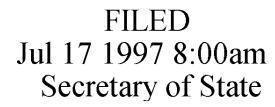
Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # 1. Corporation Name N9400003670

BRIDE OF CHRIST MINISTRIES, INC.

Principal Place of Business

Mailing Address





208-C STEPHEN AVENUE MARY ESTHER FL \$2569				208-C STEPHEN AVENUE MARY ESTHER FL 32589-1348										
									3. Date Incorporated or Qualified 3a. 07/22/1994			Date of Last Report 04/19/1996		
Principal Place of Business 21				2a. Mailing Address 26				4	4. FEI Number 59-3266526			Applied For Not Applicable		
Suite, Apt. #, etc.			27						5. Certificate o	f Status Desired			5 Addition	
City & State			28					<ol><li>Election Car Trust Fund 0</li></ol>	mpaign Financing Contribution			00 May lied to Fee		
Zip 24	25			Zip Country 30				B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes						
<u> </u>	9, Name	and Address of Curr	ent Regis	stered Agent		10. Name and Address of New Registered Agent								
						81	Name	Ð						ŀ
FERRY, MAYNARD L 208-C STEPHEN AVENUE								t Address (P.O. Box Number is Not Acceptable)						
MARY E	STHER FL	32569				83								
					•	84	City				FL	. 1 1	Zip Code	
11. Pursuant office or r agent. I a	to the provision registered ago im familiar with	ons of Sections 617.0 ent, or both, in the Sta h, and accept the obl	502 and 6 te of Florid igations of	17.1508, Flori da. Such chai f, Section 617	ida Statutes nge was au '.0503, Flori	the aboving the	e-named the cons.	d corporati rporation's	ion submits this board of direc	s statement for the stors. I hereby acce	purpose of	f changir ointmen	ng its regist t as regist	stered lered
SIGNATURE		<u> </u>	•				-							
	Signature, typed o	or printed name of registered in			(NOTE: I		ent signatur	re required wh			DATE			
12. TITLE		OFFICERS A	ND DIREC		VEL ETE	13.			ADDITIONS/C	HANGES TO OFFI	CERS AND			
NAME	D DEDDY 1	MAVNADO I		יו ניי	ELETE	1.1 TITLE						∐ Chan	ige	Addition
STREET ADDRESS		Maynard L Fephen Avenue				1.2 NAME 1.3 STREET	*DDDCCC							]
CITY-ST-ZIP		STHER FL 32569				1.4 City-5			•					ļ
TITLE	D	STILL DEGGG	<del></del>	□ D	ELETE	2.1 TITLE	II-ZIF	<del>                                     </del>				☐ Chan	ce D	Addition
NAME	FERRY.	AUDREY M				2.2 NAME						_		
STREET ADDRESS		TEPHEN AVENUE				2.3 STREET	ADDRESS							
CITY-ST-ZIP	MARY E	STHER FL 32569				2.4 CITY-:	ST-ZIP							
TITLE	D			D 🗆	ELETE	3.1 TITLE		D		OUORISSA	1	Chan	ge 🗆 /	Addition
NAME		CHARISSA L.				3.2 NAME		Tho	mpson	CHARISSA Top Rd.				
STREET ADDRESS		TEPHEN AVENUE				3.3 STREET		800	L HIII	100 The	~.~			
CITY-ST-ZIP TITLE	MARY E	STHER FL			ELETE	3.4. CITY - 5	ST-ZIP	Mai	RY ESTH	IER FI. 32	364	T 01		4 -4 -410
NAME					44414	4.1 TITLE 4.2 NAME						Chan	ge [] A	Addition
STREET ADDRESS						4.2 MARKE	ADDRESS.							1
CITY-ST-ZIP						4.4 CITY - S								
TITLE				□ DI	ELETE	5.1 TITLE						Chan	ge 🗆 /	Addition
NAME	,					5.2 NAME								i
STREET ADDRESS	•					5.3 STREET	ADDRESS							
CITY-ST-ZIP	<del></del>					54 CITY-S	T-ZIP	<b></b>						
TITLE	· .			D(	ELETE	6.1 TITLE		1				Chan	ge 🗆 A	Addition
NAME OTDEET ADDRESS	:					6.2 NAME								
STREET ADDRESS	1					6.3 STREET								
CITY-ST-ZIP						6.4 CITY - S	r-zip	1						- 1

I do hereby certify that the information supplied with this filling 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 Blook 12 or Block 13 if changed, or on an attachment with an address.