## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # N9500000598 (1) BRIDGE BUILDERS MINISTRIES, INC. Principal Place of Business Mailing Address P.O. BOX 13397 2205 CALEXICO WAY SOUTH ST. PETERSBURG FL 33733 ST. PETERSBURG FL 33712-4115 Date Incorporated or Qualified 02/08/1995 4. FFI Number 2a. Mailing Address 2. Principal Place of Business 59-3296549 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 27 22 6. Election Campaign Financing City & State City & State Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Zip Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent

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Yes No

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

				81 Name	MARY WHEELER-JON	ES.							
AMERILA\	NYER			81 Nagic MARY WHEELER - JONES  82 Street Address (P.O.I Box Number is Not Acceptable)  32.0-5 CALEXICE WAY S									
	RIA AVENUE												
•	ABLES FL 3313	34		83	•								
00.0				84 City	2		Code						
							37/2						
11. Pursuant to	the provisions of	Sections 617.0502 and 617.150	08, Florida Statutes, th	ne above-named co	proporation submits this statement for the purpose of board of directors. I hereby accept the appointment	or changing its re int as registered a	agent. I am						
or registere familiar with	n, and accept the	abligations of Section of Arthros	inge was admonzed by s, Florida <b>S</b> tatutes,	y the estporation o		alal	2/2/						
MAKY Whether Some MAKY Whether Johns Sk. MSLOV Joy/1/2													
SIGNATORIE 2	Signature, typedor printer	dinarrie of registered agent and it. I applica		of stered Agent signature in 13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	3S IN 12						
12.	0	OFFICERS AND DIRECTOR	IS □DELETE	13. 1.1 DILE	7677116430 6774464 6774	Change	Addition						
TITLE	PISID	NEO MADU BENI	Преселе	1.2 NAME									
NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NES, MARY REV.											
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TITLE			Посесть	2.2 NAME	EVANS, MAURICE 2205 Calexico Was S								
NAME				23 STREET ADDRESS									
STREET ADDRESS				2. 4 CITY - SI - ZIP	st Pete, [1 33712-4115								
CITY-ST-ZIP			DELETE	<b>4</b>	7/0	Change	Addition						
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NAME .				3.3 STREET ADDRESS	wheeler - Ella 2205 Calexico Ways								
STREET ADDRESS				3.4. CITY - ST - ZIP	St Pete, 11. 33712-411	5							
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NAME				4. 2 NAMĒ	Jenes, Melvin								
STREET ADDRESS				4.3 STREET ADDRESS	2205 CRIEXICO Ways	)							
CITY-S1-ZIP				4.4 CITY - ST - ZIP	Janes, Melvin 2205 Chiexico Way S St. Pote, FL 33712-41	<u> 15</u>							
TITLE			DELETE	51TTLE		Change	☐ Addition						
NAME				5.2 NAME									
STREET ADORESS				5.3 STREET ADDRESS									
CITY-ST-ZIP				54 CITY-ST-ZIP		Change	Addition						
TITLE			DELETE	6 1 TITLE		☐ criange	L Vadicion						
NAME				6.2 NAME									
STREET ADDRESS				6.3 STREET ADDRESS									
CITY-ST-ZIP				64 CITY - ST - ZIP	valid for the exemption stated in Section 119 07/3	/k). F orida Statu	tes. I further						
14. I do herel	by certify that the i	information supplied with this film ndicated on this annual report or	ig is voluntanly turnish r supplemental annual	report is true and a	Judify for the exemption stated in Section 119.07(3) accurate and that my signature shall have the samule this report as required by Chapter 617, Florida	e legal effect as it	f made under at my name						
	t Lam an officer or	director of the corporation or tri	e receiver or trustee e	inpowered to exico	and (am report as required by and in								
appears	n Block 12 of Bloc	or in changed, or of all allact		1	White Time Deck	+2 3/2	0/91.						
SIGNA	TURE: 🛭	ary Wille	- July	MARY 1	VINEELEY JONES 14 JI.115	Dadwie Prese	7770						
3.0.17	s	IGNATURE AND TYPED OR PRINTED NA	ME OF MIGNING OFFICER O	OR DIRECTOR /	Wheeler Jones Pasr. las	1254							