

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 # N95000000598 (1)

1. Corporation Name

BRIDGE BUILDERS MINISTRIES, INC.



Principal Place of Business

2205 CALEXICO WAY SOUTH  
ST. PETERSBURG FL 33712-4115

Mailing Address

P.O. BOX 13397  
ST. PETERSBURG FL 33733

3. Date Incorporated or Qualified  
02/08/1995

3a. Date of Last Report  
N/A

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

9. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

4. FEI Number

59-3296549

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

81

Name

REV. MARY WHEELER-JONES

82

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

2205 CALEXICO WAY S

83

84

City

St Petersburg

FL

85 Zip Code

33712

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

*Mary Wheeler-Jones*

MARY Wheeler-Jones, Sr. Pastor 2/29/96

DATE

12. OFFICERS AND DIRECTORS

TITLE

P/S/D

☐ DELETE

NAME

WHEELER-JONES, MARY REV.

STREET ADDRESS

2205 CALEXICO WAY SOUTH

CITY-ST-ZIP

ST. PETERSBURG FL 33712-4115

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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NAME

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TITLE

NAME

STREET ADDRESS

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:

*Mary Wheeler-Jones*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY Wheeler-Jones Sr. Pastor

Date

2/29/96

(813) 866-1224

CR2E037 (12/95)