SECOND NOTICE - CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998
ALSO MAY BE ADMINISTRATIVELY DISSOLVED - STATUS IS DELINQUENT, PENALTY AMOUNT DUE TO REINSTATE: $400.25

FILED
Oct 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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:	Mailing Address:
2205 CALEXICO WAY SOUTH ST. PETERSBURG FL 33712-4115	P.O. BOX 13397 ST. PETERSBURG FL 33733

3. Date Incorporated or Qualified: 02/08/1995
4. FEI Number: 59-3296549 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [X] **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? [ ] Yes [X] No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: [ ] Yes [X] No

2. Principal Place of Business:	2a. Mailing Address:
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

WHEELER-JONES, REV. MARY
2205 CALEXICO WAY SOUTH
ST. PETERSBURG FL 33712

10. Name and Address of New Registered Agent

31 Name
32 Street Address: (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 New Registered Agent, if changed) (PRINT or Type Name of New Registered Agent as it appears above) DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	[ ] DELETE
NAME	WHEELER-JONES, MARY REV.	
STREET ADDRESS	2205 CALEXICO WAY SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VPD	[ ] DELETE
NAME	EVANS, MAURICE	
STREET ADDRESS	2205 CALEXICO WAY SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	TD	[ ] DELETE
NAME	WHEELER, ELLA	
STREET ADDRESS	2205 CALEXICO WAY SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	[ ] DELETE
NAME	JONES, MELVIN	
STREET ADDRESS	2205 CALEXICO WAY SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

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 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 my address.

SIGNATURE: Rev. Mary Wheeler-Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
REV MARY WHEELER-JONES
Date: 9/28/98
Daytime Phone #: (727) 867-5189

CR2E031 (6/96)