

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 # N95000001654 (1)

1. Corporation Name

BIBLE FAMILY FELLOWSHIP, INC.



Principal Place of Business

Mailing Address

4776 BEACON DRIVE WEST  
JACKSONVILLE FL 32225

4776 BEACON DRIVE WEST  
JACKSONVILLE FL 32225

3. Date Incorporated or Qualified

04/06/1995

3a. Date of Last Report

NA

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-330-6740

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOLSON, JOHN F JR.  
1718 KINGSLEY AVENUE STE 4  
ORANGE PARK FL 32073

ADDRESS CHANGE  
ONLY

81 Name

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

2301 PARK AVE.

83

SUITE 406

84

City ORANGE PARK

FL

85 Zip Code

32073

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME KOLK, DAVID S  
STREET ADDRESS 4776 BEACON DRIVE WEST  
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE D ☐ DELETE

NAME THOMAS, DAVID  
STREET ADDRESS 11530 LAGUANA COURT  
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE D ☒ DELETE

NAME KOLK, BARBARA M  
STREET ADDRESS 4776 BEACON DRIVE WEST  
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

~~DIRECTOR (SECRETARY) D/S~~ ☐ Change ☒ Addition

BEN GOLDSMITH  
8421 BAYMEADOWS WAY, SUITE 3  
JACKSONVILLE, FL 32256-8223

~~DIRECTOR (V-PRES) D/V~~ ☐ Change ☒ Addition

BILL STROUP  
3105 UNIVERSITY BLVD. N.  
JACKSONVILLE, FL 32241

D/P/T ☒ Change ☐ Addition

DAVID KOLK  
4776 BEACON DR. W.  
JACKSONVILLE, FL 32225

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/96 (904) 645-0591

Date

Daytime Phone #

CR2E037 (12/95)