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03-12-1999 90035 046 ***122.50

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003841

1. Corporation Name

BIBLE-BASED FELLOWSHIP DEVELOPMENT CORPORATION

Principal Place of Business

4811 EHRLICH ROAD
TAMPA FL 33624

Mailing Address

4811 EHRLICH ROAD
TAMPA FL 33624



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

08/10/1995

4. FEI Number

59-3331974

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

9. Name and Address of Current Registered Agent

JONES, ARTHUR T
6433 RENWICK CIRCLE
TAMPA FL 33647

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME JONES, ARTHUR T REV
STREET ADDRESS 6433 RENWICK CIRCLE
CITY-ST-ZIP TAMPA FL

TITLE D ☒ DELETE
NAME MASON, SR., EARL B REV.
STREET ADDRESS 13212 BURNES LAKE DRIVE
CITY-ST-ZIP TAMPA FL 33612

TITLE D ☐ DELETE
NAME HUNTER, RUTH P
STREET ADDRESS 1024 APPLEWOOD DRIVE
CITY-ST-ZIP CLEARWATER FL 34619

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME McCARTY, KEITH
1.3 STREET ADDRESS 3209 LAMBRIGHT ST
1.4 CITY-ST-ZIP TAMPA, FL 33610

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME PETERSON, MARLENE
2.3 STREET ADDRESS 10512 ROCHESTER WAY
2.4 CITY-ST-ZIP TAMPA, FL 33626

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/99

813-264-4030
Daytime Phone #

CR2E037 (11/98)