2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2006
Secretary of State

DOCUMENT# N95000003841

Entity Name: BIBLE-BASED FELLOWSHIP DEVELOPMENT CORPORATION

Current Principal Place of Business:

4811 EHRLICH ROAD
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

4811 EHRLICH ROAD
TAMPA, FL 33624

New Mailing Address:

FEI Number: 59-3331974 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JONES, ARTHUR T
6433 RENWICK CIRCLE
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: JONES, ARTHUR T REV
Address: 6433 RENWICK CIRCLE
City-St-Zip: TAMPA, FL

Title: D ( ) Delete
Name: DICKINSON, PARNELL
Address: 1646 WALLACE ROAD
City-St-Zip: LUTZ, FL 33549

Title: D ( ) Delete
Name: BOONE, MICHAEL
Address: 18912 CHAVILLE ROAD
City-St-Zip: LUTZ, FL 33549

Title: D ( ) Delete
Name: ROBINSON, FRED
Address: 18545 AVOCET DRIVE
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUTH HUNTER OFFI 07/05/2006
Electronic Signature of Signing Officer or Director — Date