

## 2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # N96000002965

1. Entity Name

BIBLE BRETHREN FELLOWSHIP, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90004 008 \*\*\*\*61.25

Principal Place of Business

Mailing Address

213 N. PARSONS AVE.  
SEFFNER FL 33584-3535213 N. PARSONS AVE.  
SEFFNER FL 33584-3535

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

31-1246239

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMALLEY, M. JAY  
 213 N. PARSONS AVE.  
 SAFFNER FL 33584-3535

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEES IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	HUGHES, THOMAS	
STREET ADDRESS	49577 STATE RD 154	
CITY-ST-ZIP	NEGLEY OH 41111	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MCCLELLAND, HAROLD SR	
STREET ADDRESS	15 ELM ST	
CITY-ST-ZIP	CANONSBURG PA 15317	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SMALLEY, M. JAY	
STREET ADDRESS	213 N PARSONS AVE	
CITY-ST-ZIP	SEFFNER FL 33584-3535	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LENHART, HARVEY	
STREET ADDRESS	RT 1 BOX 22C	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	GENERAL SUPERINTENDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	M. JAY SMALLEY SR.	
STREET ADDRESS	213 N. PARSONS AVE.	
CITY-ST-ZIP	SAFFNER, FL 33584-3535	
TITLE	Asst. Gen. Superintendent	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAROLD McCLELLAND JR.	
STREET ADDRESS	513 VALLEY STREET	
CITY-ST-ZIP	McDONALD, PA 15057	
TITLE	GENERAL SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFF LEONARD	
STREET ADDRESS	RR2 BOX 33	
CITY-ST-ZIP	CHESTER, WY 26034	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E037 (9/99)

AREA CODE 813

2-19-2000 (684)5607