


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90170 019 \*\*\*\*61.25

<b>DOCUMENT # N96000002965</b>	
1. Entity Name <b>BIBLE BRETHREN FELLOWSHIP, INC.</b>	

Principal Place of Business <b>213 N. PARSONS AVE. SEFFNER, FL 33584-3535</b>	Mailing Address <b>213 N. PARSONS AVE. SEFFNER, FL 33584-3535</b>
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**DO NOT WRITE IN THIS SPACE**



04142004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>31-1246239</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *M. Jay Smalley* (NOTE: Registered Agent signature required when reinstating) DATE: 4-21-2004

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LEONARD, JEFF 223 N HARRISON ST BRAZIL, IN 47834
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MC CLELLAND, HAROLD SR 513 VALLEY ST MC DONALD, PA 15057 <i>/ change * PLEASE</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SMALLEY, M. JAY 213 N PARSONS AVE SEFFNER, FL 335843535
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LENHART, HARVEY RT 1 BOX 22C LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TOM HUGHES * 49577 ST. RD 154 Nesley, OH 44441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *Rev. M. Jay Smalley* DATE: 4-21-2004 (813) 684-5607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR