

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002965

FILED
Apr 18, 2008
Secretary of State

Entity Name: BIBLE BRETHREN FELLOWSHIP, INC.

Current Principal Place of Business:

213 N. PARSONS AVE.
SEFFNER, FL 335843535

New Principal Place of Business:

Current Mailing Address:

213 N. PARSONS AVE.
SEFFNER, FL 335843535

New Mailing Address:

FEI Number: 31-1246239

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMALLEY, M. JAY
213 N. PARSONS AVE.
SEFFNER, FL 335843535 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: DS () Delete
Name: LEONARD, JEFF
Address: 223 N HARRISON ST
City-St-Zip: BRAZIL, IN 47834

Title: DV () Delete
Name: HUGHES, TOM
Address: 49577 ST. RD 154
City-St-Zip: NEGLEY, OH 44441

Title: DP () Delete
Name: SMALLEY, M. JAY
Address: 213 N PARSONS AVE
City-St-Zip: SEFFNER, FL 335843535

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:

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL JAY SMALLEY

PRES

04/18/2008

Electronic Signature of Signing Officer or Director

Date