

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0012107

DOCUMENT # N96000002965

1. Entity Name

BIBLE BRETHREN FELLOWSHIP, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 10 PM 2:55

Principal Place of Business

213 N. PARSONS AVE.
SEFFNER FL 33584-3535

Mailing Address

213 N. PARSONS AVE.
SEFFNER FL 33584-3535

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



REINSTATEMENT
IF MAKING CHANGES

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

SIGNATURE: *M. Jay Smalley*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-6-03

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DS
NAME LEONARD, JEFF ☐ Delete
STREET ADDRESS 223 N HARRISON ST
CITY-ST-ZIP BRAZIL IN 47834

TITLE
NAME 4000239221 ☐ Change ☐ Addition
STREET ADDRESS 10/20/03--01004--014 **236.25
CITY-ST-ZIP

TITLE DV
NAME MCCLELLAND, HAROLD SR ☐ Delete
STREET ADDRESS 513 VALLEY ST
CITY-ST-ZIP MC DONALD PA 15057

TITLE
NAME 4000239221 ☐ Change ☐ Addition
STREET ADDRESS 10/20/03--01004--013 **8.75
CITY-ST-ZIP

TITLE DP
NAME SMALLEY, M. JAY ☐ Delete
STREET ADDRESS 213 N PARSONS AVE
CITY-ST-ZIP SEFFNER FL 33584-3535

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE DT
NAME LENHART, HARVEY ☐ Delete
STREET ADDRESS RT 1 BOX 22C
CITY-ST-ZIP LIVE OAK FL 32060

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

M. Jay Smalley

MICHAEL JAY SMALLEY

10-6-03 (813) 684-5607

CR2E037 (4/03)