


FILE NOW: FILING FEE IS \$61.25

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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90027 005 ****61.25

0018659

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000004067					
1. Corporation Name BRIDGEBUILDERS INTERNATIONAL PROPHETIC MINISTRIE S, INC.					
Principal Place of Business 1125 31ST ST. ORLANDO FL 32805-7105			Mailing Address P.O. BOX 560746 ORLANDO FL 32856-0746		

9 2797 90027 5



2. Principal Place of Business 21 1010 West 30th St Suite, Apt. #, etc. 22		2a. Mailing Address 26 Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 07/14/1998	
23 Orlando FL City & State 24 32805 25 US Zip Country		28 City & State 29 Zip 30 Country		4. FEI Number 59-3527062 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent EVANS, AARON 1125 31ST ST. ORLANDO FL 32805-7105				10. Name and Address of New Registered Agent 81 Name AARON EVANS 82 Street Address (P.O. Box Number is Not Acceptable) 1010 West 30th St 83 84 City Orlando FL 85 Zip Code 32805	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Aaron Evans (NOTE: Registered Agent signature required when reinstating) DATE 1/6/99					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME EVANS, AARON STREET ADDRESS 1125 31ST ST. CITY-ST-ZIP ORLANDO FL 32805-7105			1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME DORICE VAUGHAN 1.3 STREET ADDRESS 216 WAINWRIGHT LANE 1.4 CITY-ST-ZIP ORLANDO FL 32839		
TITLE <input type="checkbox"/> DELETE NAME JOHNSON, KEN STREET ADDRESS 456 MCBRIDE RD. CITY-ST-ZIP FAYETTEVILLE GA 30215-7105			2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME ANGELA EVANS 2.3 STREET ADDRESS 1007 36th STREET 2.4 CITY-ST-ZIP ORLANDO FL 32839		
TITLE <input type="checkbox"/> DELETE NAME JOHNSON, DIANE STREET ADDRESS 456 MCBRIDE RD. CITY-ST-ZIP FAYETTEVILLE GA 30215-7105			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> DELETE NAME ALLMAN, MICHAEL STREET ADDRESS 3227 STONEWOOD CT. CITY-ST-ZIP ORLANDO FL 32806-6345			4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME DON GLEASON 4.3 STREET ADDRESS 11148 ROCKPORT STREET 4.4 CITY-ST-ZIP ORLANDO FL 32836		
TITLE <input type="checkbox"/> DELETE NAME STEWART, WAYNE STREET ADDRESS 1014 CHOKE CHERRY DR. CITY-ST-ZIP WINTER SPRINGS FL 32708			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **Aaron Evans** 1/6/99 407-426-9757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)

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BRIDGEBUILDERS INTERNATIONAL
BOARD MEMBERS

DORICE

~~Don~~ Vaughan
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H. 518-869-9505

Don & Laura Gleason
11448 Rockport Street
Orlando, FL 32836

H. 407-876-9366

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Aaron & Angela Evans
1907 36th Street
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H. 407-426-9757
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