## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # N9800006659

B.I.O.N.I.C. CHRISTIAN MINISTRIES, INC.

Country

Principal Place of Business 104 KERR CIRCLE LEHIGH ACRES FL 33936

2. Principal Place of Business

Suite, Apt, #, etc.

City & State

21

22

23

Zip

Mailing Address

104 KERR CIRCLE

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

Zip

LEHIGH ACRES FL 33936

## **FILED** Mar 03, 1999 8:00 am § Secretary of State

03-03-1999 90038 014 \*\*\*\*70.00



X

3. Date incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

EIN 65-08 7880 |

11/23/1998

4. FEI Number

AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134  84 City  FL  85 Street Address (P.O. Box Number is Not Acceptable)  86 ALMERIA AVENUE CORAL GABLES FL 33134  87 City  FL  88 City  FL  89 City  FL  89 City  FL  80 City  FIL  80 City  FL  80 City  FL  80 City  FL  80 City  FL  80 City  FIL  80 City  FL  80 City  FIL  80 City  FL  80 City  FL  80 City  FIL  80 City  FL  80 City	gistered tered
AMERILAWYER  343 ALMERIA AVENUE  CORAL GABLES FL 33134  84 City  FL  85 Zip Cor  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 re 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 regis agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  PSTD  DELETE  1.1 TITLE  Change  FORSCHINO, HENRY PASTOR  1.2 NAME  FORSCHINO, HENRY PASTOR  TITLE  VD  DELETE  2.1 TITLE  Change  CITY-ST-ZIP  LEHIGH ACRES FL 33936  LEHIGH ACRES FL 33936  DELETE  2.2 NAME  2.3 STREET ADDRESS  LEHIGH ACRES FL 33936  LEHIGH ACRES FL 33936  DELETE  3.1 TITLE  Change  Change  Change  Change  Change  TREET ADDRESS  104 KERR CIRCLE  2.3 STREET ADDRESS  104 KERR CIRCLE  2.3 STREET ADDRESS  104 KERR CIRCLE  2.3 STREET ADDRESS  105 STREET ADDRESS  106 KERR CIRCLE  2.3 STREET ADDRESS  107 ST-ZIP  LEHIGH ACRES FL 33936  DELETE  3.1 TITLE  Change	gistered tered
343 ALMERIA AVENUE CORAL GABLES FL 33134  84 City FL 85 Zip Cod  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 recoffice 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 registagent and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE Signature, typed or printed name of registagent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  ITITLE PSTD FORSCHINO, HENRY PASTOR  STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL 33936  14 CITY-ST-ZIP LITILE VD DELETE 1.3 STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL 33936  14 CITY-ST-ZIP Change C	gistered tered
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LEHIGH ACRES FL 33936	
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52 NAME	_
NAME	
FACITY OF 710	
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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes.	rmation

Country

2/8/99 (4)694-4141

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable