

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000006659

**FILED**  
**Jan 26, 2013**  
**Secretary of State**  
**CC4936523272**

**Entity Name:** B.I.O.N.I.C. CHRISTIAN MINISTRIES, INC.

**Current Principal Place of Business:**

104 KERR CIRCLE  
LEHIGH ACRES, FL 33936

**Current Mailing Address:**

104 KERR CIRCLE  
LEHIGH ACRES, FL 33936

**FEI Number:** 65-0878801

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FORSCHINO, HENRY PASTOR  
104 KERR CR.  
LEHIGH ACRES, FL 33936 US

*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

**Officer/Director Detail :**

Title PSTD  
Name FORSCHINO, HENRY PASTOR  
Address 104 KERR CIRCLE  
City-State-Zip: LEHIGH ACRES FL 33936

Title VD  
Name FORSCHINO, MARLA AS-PAST  
Address 104 KERR CIRCLE  
City-State-Zip: LEHIGH ACRES FL 33936

Title D  
Name FORSCHINO, TODD M ASS. PASTOR  
Address 110 SOUTH PALM DR. UNIT B  
City-State-Zip: SATELLITE BEACH FL 32937

*I hereby 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 all other like empowered.*

**SIGNATURE:** HENRY FORSCHINO

**PASTOR & PRESIDENT**

**01/26/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date