

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90228 039 ****61.25

DOCUMENT # 762020

1. Entity Name

THE MESSIANIC BIBLE INSTITUTE, INC.

Principal Place of Business

Mailing Address

325 PINEY RIDGE ROAD
 P.O. BOX 181191
 CASSELBERRY FL 32718-1191

325 PINEY RIDGE ROAD
 P.O. BOX 181191
 CASSELBERRY FL 32718-1191

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2328236

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~GARRISON, KENNETH~~
~~325 PINEY RIDGE ROAD~~
~~CASSELBERRY FL 32707~~

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD GARRISON, KENNETH**
 STREET ADDRESS **325 PINEY RIDGE ROAD**
 CITY-ST-ZIP **CASSELBERRY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD DORCIK, LARRY**
 STREET ADDRESS **1020 S. MYRTLE AVE.**
 CITY-ST-ZIP **SANFORD FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME ~~**SD UNDERWOOD, LEE**~~
 STREET ADDRESS ~~**1174 N FAIRWAY DRIVE**~~
 CITY-ST-ZIP ~~**APOPKA FL**~~

TITLE Change Addition
 NAME **SD UNDERWOOD, LEE**
 STREET ADDRESS **1936 CRANBERRY ISLES WAY**
 CITY-ST-ZIP **APOPKA FL**

TITLE Delete
 NAME **T KLEIN, JON**
 STREET ADDRESS **1700 PERCH LANE**
 CITY-ST-ZIP **SANFORD FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 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: *Kenneth Garrison* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 10 2002 407 699-1011

Date

Daytime Phone #

CR2E037 (9/01)