2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002066

Apr 27, 2005 Secretary of State

Entity Name: WYCLIFFE BIBLE TRANSLATION FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

11221 JOHN WYCLIFFE BLVD. ORLANDO, FL 32832

Current Mailing Address: New Mailing Address:

PO BOX 620486 ORLANDO, FL 328620486

FEI Number: 33-0549221 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

KENNEDY, MIKE 11221 JOHN WYCLIFFE BLVD. ORLANDO, FL 32832

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete KELLY, KENNETH A ERICKSON, DON Name: Name: 421 E. CENTRAL BLVD., APT. 1202 Address: 11221 JOHN WYCLIFFE BLVD. Address:

City-St-Zip: ORLANDO, FL 32801 City-St-Zip: ORLANDO, FL 32832

Title: () Delete Title: (X) Change () Addition Name: DAVIS, JANE B Name: TONCRAY, SCOTT

Address: 11221 JOHN WYCLIFFE BLVD. Address: 11221 JOHN WYCLIFFE BLVD.

City-St-Zip: ORLANDO, FL 32832 City-St-Zip: ORLANDO, FL 32832

Title: () Delete Title: (X) Change () Addition DEVRIES, D. CHARLES Name: KENNEDY, MICHAEL Name:

11221 JOHN WYCLIFFE BLVD. 11221 JOHN WYCLIFFE BLVD. Address: Address:

City-St-Zip: ORLANDO, FL 32832 City-St-Zip: ORLANDO, FL 32832

Title: (X) Delete Title: () Change () Addition

Name: TOMPKINS, ROGER Name: 8200 SHADE TREE CIRCLE Address: Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

VREDE, BOB V Name: Name: 1506 WEYMOUNT PLACE Address: Address: City-St-Zip: SANTA ANA, CA 92705 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

DOUD, PHIL Name: Name: Address: 4387 NW HONEYSUCKLE DR. Address: CORVALLIS, OR 973303354 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL KENNEDY Т 04/27/2005