

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004217

FILED
Apr 02, 2007
Secretary of State

Entity Name: BACK TO THE BIBLE FOUNDATION, INCORPORATED

Current Principal Place of Business:

6400 CORNHUSKER HWY.
LINCOLN, NE 68507

New Principal Place of Business:

Current Mailing Address:

PO BOX 82808
LINCOLN, NE 68501

New Mailing Address:

FEI Number: 47-6022615

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: TITUS, JAMES R
Address: PO BOX 81849
City-St-Zip: LINCOLN, NE 685081849

Title: VCD () Delete
Name: TECKMEYER, THOMAS N
Address: 4007 S. 81ST ST.
City-St-Zip: LINCOLN, NE 68506

Title: D () Delete
Name: ALFORD, DOUG
Address: 6315 O STREET, APARTMENT 404
City-St-Zip: LINCOLN, NE 68510

Title: P () Delete
Name: SWANSON, BRYON L
Address: 7123 FRANCIS ST.
City-St-Zip: LINCOLN, NE 68505

Title: VP () Delete
Name: POE, MATTHEW A
Address: 6249 CORNFLOWER DR
City-St-Zip: LINCOLN, NE 68504

Title: S () Delete
Name: COLE, ARNIE
Address: 18221 SOUTH 68TH STREET
City-St-Zip: HICKMAN, NE 68372

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MATTHEW A. POE

VP

04/02/2007

Electronic Signature of Signing Officer or Director

Date