

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90009 041 ****61.25

DOCUMENT # N020000001-18

1. Entity Name
JOHN 3:16 BIBLE INSTITUTE INC.

Principal Place of Business: **7601 N ROME AVE TAMPA FL 33604**
 Mailing Address: **7601 N ROME AVE TAMPA FL 33604**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country



MOORE CR2E037 (11/03)

4. FEI Number: **02-0544275** Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ACEVEDO, MONSERRATE
10013 COLONNADE DR
TAMPA FL 33647

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: ACEVEDO, MONSERRUTE STREET ADDRESS: 10015 COLONNADE DR. CITY-ST-ZIP: TAMPA FL 33047	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ST NAME: ROVIS, ROSA M STREET ADDRESS: 30243 CLENHAM CT. CITY-ST-ZIP: WESLEY CHAPEL FL 33543	<input type="checkbox"/> Delete	TITLE: T NAME: Nieves, Rose Marie STREET ADDRESS: 30243 Glenham Ct. CITY-ST-ZIP: W.C. FL 33543	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: ACCVEDO, PORFIDIO STREET ADDRESS: 10013 COLONNADE DR. CITY-ST-ZIP: TAMPA FL 33647	<input type="checkbox"/> Delete	TITLE: T NAME: Acevedo Porfidio STREET ADDRESS: 10013 Colonnade Dr. CITY-ST-ZIP: Tampa FL 33647	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **1/26/04** **813-991-5107**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #