


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

01-12-2005 90016 045 \*\*\*\*61.25

**DOCUMENT # N0200000118**  
 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
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**66003386**



01052005 No Chg-NP CR2E037 (10/03)

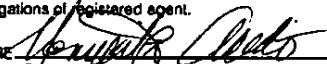
**DO NOT WRITE IN THIS SPACE**

4. FEI Number 02-0544275	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

**DO NOT WRITE IN THIS SPACE**

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:  DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ACEVEDO, MONSERRUTE 10015 COLONNADE DR. TAMPA, FL 33047
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST NIEVES, ROSE MARIE 30243 GLENHAM CT. WESLEY CHAPEL, FL 33543
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ACEVEDP, PORFIDIO 10013 COLONNADE DR. TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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:  DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR