


01-16-2003 90108 026 ***61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # N02000000118					
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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 02-05-44275	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, MONSERATE 10013 COLONNADE DR TAMPA FL 33647			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 reappointing)		DATE	
SIGNATURE		SIGNATURE		DATE	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
DIRECTOR	MONSERATE ACEVEDO	10013 COLONNADE DR.	TAMPA FL 33647		
SECRETARY/TREASURER	ROSE M. TROVIS	30243 GLEN HAVEN CT.	WESLEY CHAPEL FL 33543		
	ROSPIDIO ACEVEDO	10013 COLONNADE DR.	TAMPA FL 33647		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Monserate Acevedo</i>		DATE: 1-18-03		DAYTIME PHONE: 813-891-0102	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		DAYTIME PHONE #	

CR2037 (10/02)