

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005690

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: BIBLE CONSULTANTS OF AMERICA, INC.

**Current Principal Place of Business:**

41 N. 20TH STREET, #17  
HAINES CITY, FL 338444638 US

**New Principal Place of Business:**

**Current Mailing Address:**

41 N. 20TH STREET, #17  
HAINES CITY, FL 338444638 US

**New Mailing Address:**

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

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

LEE, EARLE E DR  
41 N 20TH STREET, # 17  
HAINES CITY, FL 338444638 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:                      D                      ( ) Delete  
Name:                      LEE, EARLE E DR  
Address:                      41 N 20TH STREET, -# 17  
City-St-Zip:                      HAINES CITY, FL 338444638

Title:                      D                      ( ) Delete  
Name:                      JOHNSON, ABE DR  
Address:                      4085 BOTHWELL TERRACE  
City-St-Zip:                      TALLAHASSEE, FL 323178548

Title:                      D                      ( ) Delete  
Name:                      FREEBERG, C. WAYNE DR  
Address:                      808 ESQUIRE LANE  
City-St-Zip:                      ST AUGUSTINE, FL 32092

Title:                      D                      ( ) Delete  
Name:                      LEE, BARBARA A  
Address:                      41 N 20TH STREET, # 17  
City-St-Zip:                      HAINES CITY, FL 338444638

**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:

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

I hereby certify that the information supplied with this filing does not qualify 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: DR. EARLE E. LEE

D

04/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date