

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 05 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P04097 (2)**  
 1. Corporation Name  
**BIBLE BROADCASTING NETWORK, INC.**



Principal Place of Business <b>8030 ARROWRIDGE BLVD. CHARLOTTE NC 28273</b>	Mailing Address <b>8030 ARROWRIDGE BLVD. CHARLOTTE NC 28273</b>
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3. Date Incorporated or Qualified <b>11/20/1984</b>		
4. FEI Number <b>54-0888863</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**ROBY, DOUGLAS  
1048 DEMETREE LANE  
LAKELAND FL 33811**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
**FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DAVEY, LOWELL</b>	1.2 NAME	<b>JOY RALEY</b>
STREET ADDRESS	<b>12423 WALKERS DOWN CT</b>	1.3 STREET ADDRESS	<b>14417 PLANTERS KNOB LN.</b>
CITY-ST-ZIP	<b>CHARLOTTE NC</b>	1.4 CITY-ST-ZIP	<b>CHARLOTTE, NC 28273</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVEY, GEORGEANNA</b>	2.2 NAME	
STREET ADDRESS	<b>12423 WALKERS DOWN CT</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHARLOTTE NC</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POTEAT, LINDSAY</b>	3.2 NAME	
STREET ADDRESS	<b>200 PEACHTREE LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>YORKTOWN VA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RON WHITE</b>	4.2 NAME	
STREET ADDRESS	<b>4701 REGAL CT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHESAPEAKE VA</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REDEMANN, BARBARA</b>	5.2 NAME	
STREET ADDRESS	<b>13824 POPPLETON CT</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHARLOTTE NC</b>	5.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JUD MAST</b>	6.2 NAME	
STREET ADDRESS	<b>1489 EBINPORT RD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROCK HILL SC</b>	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ **1-5-98** 704 523 5555

CR2E037 (1097)