

2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04097

Entity Name: BIBLE BROADCASTING NETWORK, INC.**Current Principal Place of Business:**11530 CARMEL COMMONS BLVD
CHARLOTTE, NC 28226**Current Mailing Address:**11530 CARMEL COMMONS BLVD
CHARLOTTE, NC 28226 US**FEI Number:** 54-0888863**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARRETT, CHARLES
4786 US HIGHWAY 41 S
JASPER, FL 32052 US*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

Officer/Director Detail :

Title PRESIDENT
Name DAVEY, LOWELL
Address 2015 BLUEBONNET LN
City-State-Zip: MATTHEWS NC 28104

Title SECRETARY, TREASURER
Name PADGETT, JASON
Address 4809 SHEA CT
City-State-Zip: MONROE NC 28110

Title DIRECTOR
Name MAST, JUD
Address 3447 NESTLING LN.
City-State-Zip: FORT MILL SC 29708

Title DIRECTOR
Name LOPEZ, JUAN
Address 2364 ELLISON CIR
City-State-Zip: LANCASTER SC 29720

Title DIRECTOR
Name RALEY, JOY
Address 5036 WEATHERY WAY
City-State-Zip: STALLINGS NC 28104

Title VP
Name REDEMANN, BARBARA
Address 4218 SUTTLE PLACE
City-State-Zip: MATTHEWS NC 28104

Title DIRECTOR
Name REDEMANN, CARL
Address 4218 SUTTLE PLACE
City-State-Zip: MATTHEWS NC 28104

Title DIRECTOR
Name JOHNSON, CHARLES R
Address 2417 DAMASCUS DR
City-State-Zip: MONROE NC 28110

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: JASON PADGETT**SECRETARY-TREASURER** 01/10/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SMITH, THURLOW A
Address	50 MURRAY ST
City-State-Zip:	AUGUST ME 04330