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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **701398** (0)

1. Corporation Name

HOBE SOUND BIBLE COLLEGE INC.

Principal Place of Business

Mailing Address

11305 SE GOMEZ AVE
P. O. BOX 1065
HOBE SOUND FL 33475

11305 SE GOMEZ AVE
P. O. BOX 1065
HOBE SOUND FL 33475

3. Date Incorporated or Qualified

09/03/1960

4. FEI Number

59-1407629

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STETLER, P. DANIEL
9555 SE SUNRISE WAY
HOBE SOUND FL 33455

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME WHITNEY, ANDREW REV
STREET ADDRESS 74 COUNTY LIME RD
CITY-ST-ZIP SCHENECTADY NY

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE BS
NAME SNIDER, BILL
STREET ADDRESS 409 6TH ST N
CITY-ST-ZIP PELL CITY AL 35125

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME FRENCH, REV G R
STREET ADDRESS 10550 SE GOMEZ AVE
CITY-ST-ZIP HOBE SOUND, FL 00000

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VD
NAME BAKER, CHARLES
STREET ADDRESS 4646 PLINEY FARLOW RD
CITY-ST-ZIP TRINITY NC

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE P
NAME STETLER, P. DANIEL
STREET ADDRESS 9555 SE SUNRISE WAY
CITY-ST-ZIP HOBE SOUND FL 33455

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE CD
NAME KNAPP, WESLEY
STREET ADDRESS ROCK HILL RD
CITY-ST-ZIP VOORHEESVILLE, NY.

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

P. Daniel Stetler

1/12/98 561-546-5534

CR2E037 (10/97)