

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90035 003 ****61.25

DOCUMENT # 702205					
1. Entity Name EVANGELICAL BIBLE MISSIONS, INC.					
Principal Place of Business 5200 SE 145TH ST PO DRAWER 189 SUMMERFIELD, FL 34491 US			Mailing Address 5200 SE 145TH ST PO DRAWER 189 SUMMERFIELD, FL 34492 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03272008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-6158819	
				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				7. Name and Address of New Registered Agent	
BUSTIN, GERALD T 14630 SE 1ST AVENUE ROAD SUMMERFIELD, FL 34491				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	D <input type="checkbox"/> Delete	TITLE	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DYKES, ARNIE	NAME	MORGAN, MIKE		
STREET ADDRESS	8030 SE SUGAR PINES WAY	STREET ADDRESS	3131 W. ROYERTON RD.		
CITY-ST-ZIP	HOBE SOUND, FL 33455	CITY-ST-ZIP	MUNCIE, IN 47303		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEDFORD, ROBERT	NAME			
STREET ADDRESS	P.O. BOX 48295	STREET ADDRESS			
CITY-ST-ZIP	SAINT PETERSBURG, FL 33743	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GERALD T. BUSTIN	NAME	UBER, GARY		
STREET ADDRESS	14545 SE 52ND COURT	STREET ADDRESS	7914 SE OSPREY ST		
CITY-ST-ZIP	SUMMERFIELD, FL	CITY-ST-ZIP	HOBE SOUND, FL 33455		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE			
NAME	MURRAY, DEWEY	NAME			
STREET ADDRESS	3255 W. YANKEE RD.	STREET ADDRESS			
CITY-ST-ZIP	SIX LAKES, MI 48886	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE			
NAME	HINTHORN, DANIEL	NAME			
STREET ADDRESS	13105 EL MONTE ST	STREET ADDRESS			
CITY-ST-ZIP	LEAWOOD, KS 66209	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	ADDISON, RICK	NAME			
STREET ADDRESS	5580 SE PARAMOUNT DR	STREET ADDRESS			
CITY-ST-ZIP	STUART, FL 34997	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Gerald Bustin</i> GERALD BUSTIN, President				Date: 4/2/08 (352) 245-2560	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	