



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 # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		03272008 Chg-NP CR2E037 (12/06)	
Zip Country		Zip Country		4. FEI Number 59-6158819	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BUSTIN, GERALD T 14630 SE 1ST AVENUE ROAD SUMMERFIELD, FL 34491				7. Name and Address of New Registered Agent 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 NAME STREET ADDRESS CITY-ST-ZIP	D DYKES, ARNIE 8030 SE SUGAR PINES WAY HOBE SOUND, FL 33455 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MORGAN, MIKE 3131 W. ROYERTON RD. MUNCIE, IN 47303 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEDFORD, ROBERT P.O. BOX 48295 SAINT PETERSBURG, FL 33743 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GERALD T. BUSTIN 14545 SE 52ND COURT SUMMERFIELD, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UBER, GARY 7914 SE OSPREY ST HOBE SOUND, FL 33455 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRAY, DEWEY 3255 W. YANKEE RD. SIX LAKES, MI 48886 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HINTHORN, DANIEL 13105 EL MONTE ST LEAWOOD, KS 66209 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADDISON, RICK 5580 SE PARAMOUNT DR STUART, FL 34997 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Gerald Bustin, President</u> GERALD BUSTIN, President <u>4/2/08 (352) 245-2560</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					