## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Mar 31, 2005 8:00 am Secretary of State 03-31-2005 90054 006 \*\*\*\*61.25

1. Entity Nan	MENT # 733058  P BIBLE CHURCH , INC.							03-31-20	9005	54 006 **	***61	25
Principal Place of Business 1936 E. VENICE AVE. VENICE, FL 34292  Mailing Address 1936 E. VENICE AVE. VENICE, FL 34292  VENICE, FL 34292										50(	)32	645
2. Principal Place of Business		3. Mailing Address						18 11180 NAU 80181 B)	<u>                                     </u>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					01212005	Chg-NP	CR	2E037 (10	V03)	
City & State		City & State					4. FEI Numb 51-018					plied For
Zip	Country	Zip		Cou	intry			of Status Desir	ed [			litional
<u> </u>	6. Name and Address of Currer	nt Registered A	gent				7. Name and	Address of N	ew Regist		•	<u> </u>
DESIMON	E POREDT	<u> </u>			Name	-WOL-T	ER, HAR	VEY				
DESIMONE, ROBERT 360 CAPTAINS CT. NORTH PORT, FL 34287					Street A	ddr <del>95</del> (1	POPENTING	SIDE ARD	table)			
NORTH	OK1, FE 34207			:								
					City	VEN]	CE			FL Zi	342	93
	named entity submits this statement tions of registered agent.	for the purpose	of changing its re	egistere	ed office or	r register	ed agent, or bo	th, in the State	of Florida.	I am familia	r with,	and accept
tric conga	1/4.A.J.Co. A. C.) A	10-0	/	/		09	1 04		<b>.</b>			
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SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicab	te. (NOTE:	Registered	d Albent signet	ure required	when reinstating)		<del>سے کے</del> ۔ ا	ATE		
SIGNATURE					/	ure required			Maire	ATE Check pays	ble to	
SIGNATUHE	Sprature, typed or printed name of registered age Filling Fee is \$61.25 Due by May 1, 2005		9. Election Camp Trust Fund Co	paign F	nancing	ure required	when reinstating) \$5.00 May 6 Added to Fees			check pays		
SIGNATURE	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND D		9. Election Camp	paign F	nancing		\$5.00 May 6		Florida D	epartment	of St	tate
10.	Filing Fee is \$61.25 Due by May 1, 2005  OFFICERS AND D		9. Election Camp	paign Fontributi	inancing ion.		\$5.00 May E Added to Fees ADDITIONS/CH	ANGES TO OF	Florida D	epartment	of St ORS IN	tate
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12. 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 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: HARVEY C. WOLTER HARVE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR BIRECTOR