

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90022 028 ****61.25

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01062005 Chg-NP CR2E037 (10/03)

DOCUMENT # 734193 1. Entity Name INSTITUTE FOR CHRISTIAN STUDIES, INC.					
Principal Place of Business 1017 E. ROBINSON STREET ORLANDO, FL 32801 US			Mailing Address 1017 E. ROBINSON STREET ORLANDO, FL 32801 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-1611206			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRONSTED, LINDA REV. 1017 EAST ROBINSON ST ORLANDO, FL 32801			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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	DS PETERSEN, CAROLYN 4708 WATERWATCH POINT RD. ORLANDO, FL 32806 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNS, ROBERT 1672 WINDY BLUFF RD. LONGWOOD FL 32750 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KURTZ, JAMES E REV 660 NW LAKEVIEW DR. SEBRING, FL 33875 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEEN, JUDY 1209 PARKSIDE DR ORLANDO BEACH FL 32174 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUNDIFF, EDWARD 14 GLENDALE DR. KISSIMMEE, FL 34744 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUNO, PAUL 608 LONGMEADOW CIRCLE LONGWOOD, FL 32779 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLINE, REV. NANCY 442 W. MINNESOTA AVE DELAND FL 32720 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HAMILTON, REV. ROGER 2499 N WEST MORELAND DR ORLANDO, FL 32804 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KROMHOUT, REV. LINDA 2104 GOLDENARROW RD. DELTONA FL 32738 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIGGS, CAROLYN REV 4110 S. RIDGEWOOD AVE PORT ORANGE, FL 32129 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, REV. GREG 2835 BANCHORY RD. WINTER PARK FL 32792 ☐ Change ☒ Addition	
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: Linda J. Bronsted (LINDA J. BRONSTED) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1-6-05 2991-3567 Date Daytime Phone		

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Annual Report

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The Institute for Christian Studies, Inc.

Additions for Block # 11

The Hon. Cynthia Z. Mackinnon
Orange County Court House
425 South Orange Avenue Room 1745
Orlando, FL 32806

The Rev. Madelyn Martin
409 Division Avenue
Ormond Beach, FL 32174

ATTACHMENT

40000002

Handwritten:
Junda J. Pundit
1-6-2005