


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2006 08:00 AM
Secretary of State

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
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01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1611206	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

BRONDSTED, LINDA REV.
1017 EAST ROBINSON ST
ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKS, ROBERT 1672 WINDY BLUFF RD LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KURTZ, JAMES E REV 660 NW LAKEVIEW DR. SEBRING, FL 33875
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CUNDIFF, EDWARD 14 GLENDALE DR. KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLINE, REV. NANCY 442 W MINNESOTA AVE DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HAMILTON, REV. ROGER 2499 N WEST MORELAND DR ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIGGS, CAROLYN REV 4110 S. RIDGEWOOD AVE PORT ORANGE, FL 32129

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01/12/06-80026-012 61.25

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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: Linda J. Bronsted LINDA J. BRONSTED DEAD 1-10-06 800/299-3567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #