

**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



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

U00000382770
01/12/06-80026-012 61.25

**DO NOT WRITE
IN THIS SPACE**

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. Brondsted **LINDA J. BRONDSTED** **DEAD 1-10-06** **800/299-3567**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #