


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90093 046 ****70.00

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 - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1611206	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BRONSTED, LINDA REV. 1017 EAST ROBINSON ST ORLANDO, FL 32801				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 + 8.75 = \$70.00 Due by May 1, 2007		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 BURKS, ROBERT 1672 WINDY BLUFF RD LONGWOOD, FL 32750	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALDAY, TOM 651 E. LAKE GUE AVE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD KURTZ, JAMES E REV 660 NW LAKEVIEW DR. SEBRING, FL 33875	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KEEN, JUDY 1209 PARKSIDE DR. ORMOND BEACH FL 32174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CUNDIFF, EDWARD 14 GLENDALE DR. KISSIMMEE, FL 34744	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KROHNOUT, LIN 2104 GOLDEN ARM RD DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KLINE, REV. NANCY 442 W MINNESOTA AVE DELAND, FL 32720	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCBRIDE GAEER 2835 BRANCHORY RD WINTER PARK FL 32792
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT HAMILTON, REV. ROGER 2499 N WEST MORELAND DR ORLANDO, FL 32804	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TUCKER TRIP 1020 K'YES AVE. WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BIGGS, CAROLYN REV 4110 S. RIDGEWOOD AVE PORT ORANGE, FL 32129	<input checked="" 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: Linda J. Bronsted LINDA J. BRONSTED 1/5/07 301/299-3567 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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