


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90120 049 \*\*\*\*70.00

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>			<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 740150</b>			
1. Corporation Name <b>EVANGELICAL BIBLE SEMINARY, INC.</b>			
Principal Place of Business <b>400 JACKSON AVE GREENACRES LAKE WORTH FL 33463</b>		Mailing Address <b>400 JACKSON AVE GREENACRES LAKE WORTH FL 33463</b>	



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>09/16/1977</b>	
				4. FEI Number <b>65-0030320</b> Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent <b>DONNALLY, MIRIAM 356 JACKSON AVENUE GREENACRES LAKE WORTH FL 33463</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DONNALLY, DAVID PAUL</b>	12 NAME	
STREET ADDRESS	<b>6168 ASTORIA DRIVE</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	14 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOCHELLA, JOHN A JR</b>	22 NAME	
STREET ADDRESS	<b>11416 57TH RD</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>ROYAL PALM BEACH FL</b>	24 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DONNALLY, MIRIAM B</b>	32 NAME	
STREET ADDRESS	<b>356 JACKSON AVE</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>LK WORTH FL</b>	34 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DONNALLY, CHADWICK</b>	42 NAME	
STREET ADDRESS	<b>356 JACKSON AVE</b>	43 STREET ADDRESS	
CITY-ST-ZIP	<b>LK WORTH FL</b>	44 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DONNALLY, MARIAM B</b>	52 NAME	
STREET ADDRESS	<b>356 JACKSON AVE</b>	53 STREET ADDRESS	
CITY-ST-ZIP	<b>LK WORTH FL</b>	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Chadwick Donnally 3/15/99 (561) 965-0363  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)