

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90043 048 ****70.00

DOCUMENT # 743938

1. Entity Name

FLORIDA BIBLE CAMP, INC.



Principal Place of Business

BIBLE CAMP RD OFF US 441 N OF HIGH SP
P.O. BOX 698
HIGH SPRINGS FL 32655

Mailing Address

P.O. BOX 698
HIGH SPRINGS FL 32655

2. Principal Place of Business

2087 SE Bible Camp St

Suite, Apt. #, etc.

3. Mailing Address

2087 SE Bible Camp St

Suite, Apt. #, etc.

City & State

High Springs FL

Zip 32043

Country U.S.

City & State

High Springs FL

Zip 32043

Country US
Columbia

4. FEI Number

59-1858114

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LONG, SAM
1025 SNUG HARBOR COURT
BOX 330421
ATLANTIC BEACH FL 32233

7. Name and Address of New Registered Agent

Name Ronnie Keller

Street Address (P.O. Box Number is Not Acceptable)

Rt 5 Box 5930

City

Lake Butler

FL

Zip Code

32054

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

Ronnie Keller

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE A
NAME BLACK, GENA ☐ Delete
STREET ADDRESS FL. BIBLE CAMP, P.O. BOX 698
CITY-ST-ZIP HIGH SPRINGS FL 32655

TITLE D
NAME KITCHING, SAM ☐ Delete
STREET ADDRESS P.O. BOX 956
CITY-ST-ZIP MACLENNY FL 32063

TITLE S
NAME BRYANT, RANDY ☒ Delete
STREET ADDRESS 2296 TUSCAVILLA RD
CITY-ST-ZIP TALLAHASSEE FL

TITLE D
NAME HOLWAY, STEVE ☒ Delete
STREET ADDRESS 5660 SW COURT
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE D
NAME SULLIVAN, JAMES ☒ Delete
STREET ADDRESS 4128 HEATH ROAD
CITY-ST-ZIP JACKSONVILLE FL

TITLE D
NAME BUCK, WARREN ☒ Delete
STREET ADDRESS 320 NW 7TH STREET
CITY-ST-ZIP HIGH SPRINGS FL 32655

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Black, Gene ☒ Change ☐ Addition
NAME 2087 SE Bible Camp St
STREET ADDRESS High Springs FL 32043
CITY-ST-ZIP

TITLE secretary ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Lueil Everett ☒ Change ☐ Addition
NAME P.O. Box 904
STREET ADDRESS High Springs FL 32055
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE skip skipper ☒ Change ☐ Addition
NAME 122 SW 12th St
STREET ADDRESS Newberry FL 32669
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Ronnie Keller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #