

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 744225 1. Entity Name EVANGELICAL BIBLE MISSION TO THE PHILLIPINES, INC.					
Principal Place of Business 348 NORWICH "O" WEST PALM BEACH FL 33417 US			Mailing Address P O BOX 220565 WEST PALM BEACH FL 33422-0565 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1867556	
Zip		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required Applied For ☐ Not Applicable ☐	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WINSINGER, EDITH P 348 NORWICH O WEST PALM BEACH FL 33417				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	CHRISANA, RICHERT		NAME		
STREET ADDRESS	736 ELAINE RD		STREET ADDRESS		
CITY - ST - ZIP	WEST PALM BEACH FL		CITY - ST - ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	KURTZER, JEFFREY A		NAME		
STREET ADDRESS	14521 SUNNY WATER LANE		STREET ADDRESS		
CITY - ST - ZIP	DELRAY BEACH FL 33484		CITY - ST - ZIP		
TITLE	VSD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	WINSINGER, EDITH P		NAME		
STREET ADDRESS	348 NORWICH O		STREET ADDRESS		
CITY - ST - ZIP	W PALM BEACH FL 33417		CITY - ST - ZIP		
TITLE	PD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	RICHERT, GEORGE E		NAME		
STREET ADDRESS	736 ELAINE ROAD		STREET ADDRESS		
CITY - ST - ZIP	W PALM BEACH FL		CITY - ST - ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	EAST, VIOLET		NAME		
STREET ADDRESS	PO BOX 95		STREET ADDRESS		
CITY - ST - ZIP	FLEETWOOD NC		CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: <i>Edith P. Winsinger</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Feb. 17, 2005 561-616-7399 Date Daytime Phone		