

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                     |                                                                                   |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 744225</b><br>1. Entity Name<br>EVANGELICAL BIBLE MISSION TO THE PHILLIPINES,<br>INC. |  |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                |                                                                        |
|--------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Principal Place of Business<br>348 NORWICH "O"<br>WEST PALM BEACH, FL 33417 US | Mailing Address<br>P O BOX 220565<br>WEST PALM BEACH, FL 33422-0565 US |
|--------------------------------------------------------------------------------|------------------------------------------------------------------------|



02162006 No Chg-NP CRZE037 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                                                           |                                   |
|-----------------------------------------------------------|-----------------------------------|
| 4. FET Number<br>59-1867556                               | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional<br>Fee Required |

|                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>WINSINGER, EDITH P<br>348 NORWICH O<br>WEST PALM BEACH, FL 33417 |
|-------------------------------------------------------------------------------------------------------------------------|

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>CHRISANA, RICHERT<br>736 ELAINE RD<br>WEST PALM BEACH, FL             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>KURTZER, JEFFREY A<br>14521 SUNNY WATER LANE<br>DELRAY BEACH, FL 33484 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VSD<br>WINSINGER, EDITH P<br>348 NORWICH O<br>W PALM BEACH, FL 33417        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>RICHERT, GEORGE E<br>736 ELAINE ROAD<br>W PALM BEACH, FL              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>EAST, VIOLET<br>PO BOX 95<br>FLEETWOOD, NC                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                             |

000000439812  
03/02/06-80015-015 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:** EDITH P. WINSINGER *Edith P. Winsinger* FEB. 16, 2006 561-616-7394  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #