

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 FEB -6 PM 5:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 747432 (3)

1. Corporation Name

CONCORDANT BIBLE LIBRARY, INC.

Principal Place of Business

6201 29TH AVENUE NORTH
ST. PETERSBURG FL 33710

Mailing Address

6201 29TH AVENUE NORTH
ST. PETERSBURG FL 33710

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/31/1979

3a. Date of Last Report

01/20/1994

4. FEI Number

☒ Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BRAUCHT, JOHN W.
6201 29TH AVENUE NORTH
ST. PETERSBURG FL 33710-0207

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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

TITLE PD
NAME BRAUCHT, JOHN W.
STREET ADDRESS 6201 29TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33710-3207

TITLE TD
NAME BRAUCHT, LUELLA D.
STREET ADDRESS 6201 29TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33710-3207

TITLE VPD
NAME RICE, MARVIN
STREET ADDRESS 9401-88 WAY
CITY-ST-ZIP SEMINOLE FL 34647-2240

TITLE VD
NAME HOUGH, DEAN
STREET ADDRESS 6800 HOUGH ROAD
CITY-ST-ZIP ALMONT MI 48003-9710

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

600001401476

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*****61.25 *****61.25

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

John W. Braucht

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN W. BRAUCHT

1-13-95

813-747-2057

Date

Telephone (Area #)