


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.26).

FILED  
Jul 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/31/1979		3a. Date of Last Report 01/25/1996	
4. FEI Number NOT APPLICABLE		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 85 Zip Code FL			
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	NAME	BRAUCHT, JOHN W.	1.1 TITLE	SD	1.2 NAME	SANDY ADKINS
STREET ADDRESS	6201 29TH AVENUE NORTH	1.3 STREET ADDRESS	8398 ROSE TERRACE NO	1.4 CITY-ST-ZIP	SEMINOLE FL 33777-3305	2.1 TITLE	VD
CITY-ST-ZIP	ST. PETERSBURG FL 33710-3207	2.2 NAME	ELWOOD WINTERS	2.3 STREET ADDRESS	8733 CORTEZ RD	2.4 CITY-ST-ZIP	SIEBRING, FL. 33870-8086
TITLE	TD	NAME	BRAUCHT, LUELLA D.	3.1 TITLE	CPD	3.2 NAME	JOHN W. BRAUCHT
STREET ADDRESS	6201 29TH AVENUE NORTH	3.3 STREET ADDRESS	6201-29 AVE NO	3.4 CITY-ST-ZIP	ST PETERSBURG FL-33710-3207	4.1 TITLE	VD
CITY-ST-ZIP	ST. PETERSBURG FL 33710-3207	4.2 NAME	MARVIN RICE	4.3 STREET ADDRESS	9401-88 WAY	4.4 CITY-ST-ZIP	33777-2240 LARGO
TITLE	VPD	NAME	RICE, MARVIN	5.1 TITLE		5.2 NAME	
STREET ADDRESS	9401-88 WAY	5.3 STREET ADDRESS		5.4 CITY-ST-ZIP		6.1 TITLE	
CITY-ST-ZIP	SEMINOLE FL 34847-2240	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
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							

14. I do 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.

SIGNATURE: *John Braucht* SIGNATURE REQUIRED 7-22-97 813-347-2051

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