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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **756124** (4)

1. Corporation Name

FOUNDATION FOR BIBLICAL STUDIES, INC.

Principal Place of Business	Mailing Address
5725 IMPERIAL LAKES BLVD MULBERRY FL 33880 US	PO BOX 6067 LAKELAND FL 33807-6067 US

3. Date Incorporated or Qualified

01/30/1981

4. FEI Number

59-2065395

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip Country

24 **25**

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip Country

29 **30**

9. Name and Address of Current Registered Agent

**RIDGWAY, JAMES E.
5725 IMPERIAL LAKES BLVD.
MULBERRY FL 33880**

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 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

James E. Ridgway

(NOTE: Registered Agent signature required when reinstating)

4/20/98

DATE

12. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> DELETE
NAME	LODER, DWIGHT E.	
STREET ADDRESS	787 TWEED COURT	
CITY-ST-ZIP	WORTHINGTON OH	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SAUNDERS, ERNEST	
STREET ADDRESS	RT 1, BOX 300	
CITY-ST-ZIP	MT VERNON ME	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SANDERS, CARL J	
STREET ADDRESS	1623 WESTBROOK AVENUE	
CITY-ST-ZIP	RICHMOND VA	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BLACKBURN, JR., A. B.	
STREET ADDRESS	1921 DEWEY PLACE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	

TITLE	D	<input type="checkbox"/> DELETE
NAME	CHRISTIANSEN, DR CHRIS W	
STREET ADDRESS	4931 STONECREST DR	
CITY-ST-ZIP	LAKELAND FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	LOWE, LYNDON J.	
STREET ADDRESS	6702 LUNN ROAD	
CITY-ST-ZIP	LAKELAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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:

James E. Ridgway

4/20/98

(941) 644-8485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 000-0000

CR25037 (10/97)