

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90204 004 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 756124**

1. Corporation Name

**FOUNDATION FOR BIBLICAL STUDIES, INC.**

Principal Place of Business

5725 IMPERIAL LAKES BLVD  
MULBERRY FL 33860  
US

Mailing Address

PO BOX 6067  
LAKELAND FL 33807-6067  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

9. Name and Address of Current Registered Agent

RIDGWAY, JAMES E.  
5725 IMPERIAL LAKES BLVD.  
MULBERRY FL 33860

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

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 LODER, DWIGHT E.  
STREET ADDRESS 787 TWEED COURT  
CITY-ST-ZIP WORTHINGTON OH ☐ DELETE

TITLE D  
NAME SANDERS, CARL J  
STREET ADDRESS 1623 WESTBROOK AVENUE  
CITY-ST-ZIP RICHMOND VA ☒ DELETE

TITLE D  
NAME BLACKBURN, JR., A. B.  
STREET ADDRESS 1921 DEWEY PLACE  
CITY-ST-ZIP JACKSONVILLE FL 32207 ☒ DELETE

TITLE D  
NAME CHRISTIANSEN, DR CHRIS W  
STREET ADDRESS 4931 STONECREST DR  
CITY-ST-ZIP LAKELAND FL ☒ DELETE

TITLE D  
NAME LOWE, LYNDON J  
STREET ADDRESS 6702 LUNN ROAD  
CITY-ST-ZIP LAKELAND FL ☒ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☐ Addition  
1.2 NAME PRESTON, HOWARD D.  
1.3 STREET ADDRESS 4865 ORLAND ROAD  
1.4 CITY-ST-ZIP CINCINNATI OH 45244 ☐ Change ☐ Addition

2.1 TITLE D ☐ Change ☐ Addition  
2.2 NAME KNOX, JAMES L  
2.3 STREET ADDRESS 6848 - 15th ST, SOUTH  
2.4 CITY-ST-ZIP ST. PETERSBURG FL 33705 ☐ Change ☐ Addition

3.1 TITLE D ☐ Change ☐ Addition  
3.2 NAME DUNCAN, ROBERT  
3.3 STREET ADDRESS 1479 HENLOCK FARMS  
3.4 CITY-ST-ZIP HAWLEY PA 18428 ☐ Change ☐ Addition

4.1 TITLE D ☐ Change ☐ Addition  
4.2 NAME STEVEN JONES  
4.3 STREET ADDRESS 6519 CRESCENT LAKE DRIVE  
4.4 CITY-ST-ZIP LAKELAND FL 33813 ☐ Change ☐ Addition

5.1 TITLE D ☐ Change ☐ Addition  
5.2 NAME CRUMP, EDWARD  
5.3 STREET ADDRESS 1035 GENERAL GEORGE PATTON RD.  
5.4 CITY-ST-ZIP NASHVILLE TN 37221 ☐ Change ☐ Addition

6.1 TITLE D ☐ Change ☐ Addition  
6.2 NAME LOCKYER, HERBERT  
6.3 STREET ADDRESS 731 CROWN RIDGE DRIVE  
6.4 CITY-ST-ZIP COLORADO SPRINGS CO 80904 ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

*James E. Ridgway*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/99 (941) 644-8485  
Date Daytime Phone #

CR2E037 (11/98)