

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90156 025 ****61.25

DOCUMENT # 762020 1. Entity Name THE MESSIANIC BIBLE INSTITUTE, INC.					
Principal Place of Business 325 PINEY RIDGE ROAD P.O. BOX 181191 CASSELBERRY, FL 32718-1191			Mailing Address 325 PINEY RIDGE ROAD P.O. BOX 181191 CASSELBERRY, FL 32718-1191		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2328236				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARRISON, KENNETH 325 PINEY RIDGE ROAD CASSELBERRY, FL 32707			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARRISON, KENNETH 325 PINEY RIDGE ROAD CASSELBERRY, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DORCIK, LARRY 1020 S. MYRTLE AVE. SANFORD, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KLEIN, JON 1700 PERCH LANE SANFORD, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD O'BRYANT, JIM 5066 TANGERINE AVE WINTER PARK, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row)				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row)				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row)				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DORCIK, LARRY 145 JANE CREEK DR GENEVA, FL 32732				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row)				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row)				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row)				
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: <i>Kenneth E. Garrison</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> KENNETH GARRISON					
Date: April 9 2007 Daytime Phone #: 407 699 1011					