

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **766468** (3)
1. Corporation Name
SOUTHEAST BIBLE INSTITUTE, INC.



Principal Place of Business: 3247 ROSE STREET, 4125 PRESCOTT ST., SARASOTA FL 34239
Mailing Address: 3247 ROSE STREET, 4125 PRESCOTT ST., SARASOTA FL 34239

3. Date Incorporated or Qualified: 01/10/1983
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number 59-2300361	Applied For	
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	27	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	28	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25	Country	29	Country				
30							

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
ALBRECHT, J. KENNETH 3247 ROSE STREET SARASOTA FL 34239		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAST, URIAH	1.2 NAME	
STREET ADDRESS	4804 GREENLEAF DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ALVIN	2.2 NAME	
STREET ADDRESS	1273 CARTER AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 00000	2.4 CITY-ST-ZIP	
TITLE	AC	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YODER, JESSE	3.2 NAME	CD
STREET ADDRESS	4484 BEACON DRIVE	3.3 STREET ADDRESS	Aden Miller
CITY-ST-ZIP	SARASOTA, FL 00000	3.4 CITY-ST-ZIP	5605 Sawgrass Road
TITLE	MD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBRECHT, J. KENNETH	4.2 NAME	
STREET ADDRESS	3247 ROSE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Alvin Miller 4-24-96 941-955-2187
Date: _____ Daytime Phone #: _____

CR2E037 (12/95)