

# 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**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-2300361**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

24

25

Country

29

Zip

30

Country

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

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** ☒ DELETE  
NAME **MAST, URIAH**  
STREET ADDRESS **4804 GREENLEAF DR.**  
CITY-ST-ZIP **SARASOTA FL**

TITLE **TD** ☐ DELETE  
NAME **MILLER, ALVIN**  
STREET ADDRESS **1273 CARTER AVE**  
CITY-ST-ZIP **SARASOTA, FL 00000**

TITLE **AC** ☒ DELETE  
NAME **YODER, JESSE**  
STREET ADDRESS **4484 BEACON DRIVE**  
CITY-ST-ZIP **SARASOTA, FL 00000**

TITLE **MD** ☐ DELETE  
NAME **ALBRECHT, J. KENNETH**  
STREET ADDRESS **3247 ROSE STREET**  
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE **CD** ☒ Change ☐ Addition  
3.2 NAME **Aden Miller**  
3.3 STREET ADDRESS **5605 Sawgrass Road**  
3.4 CITY-ST-ZIP **Sarasota, FL 34232**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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* **Alvin Miller**

**4-24-96**

**941-955-2187**

Date

Daytime Phone #

CR2E037 (12/95)