## FILE NOW: FILING FEE IS \$61.25

Jun 02 1998 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 808404 THE MOODY BIBLE INSTITUTE OF CHICAGO Principal Place of Business Mailing Address 3. Date Incorporated or Qualified 820 N. LaSalle St. 820 N. LaSalle St. 12/04/1950 Chicago, IL 60610 4. FEI Number 36-2167792 Chicago, IL 60610-3214 Applied For Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? ☐ Yes 🖬 No 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Nage Richard Florence BARBER, DONALD R. Street Address (P.O. Box Number is Not Acceptable) 82 5789 BLOSSOM LAKE DRIVE 11145 6th Street East SEMINOLE, FL 34642 84 City Treasure Island 17.0502 and 617.1508. Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered of florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered of gations of Scot on 617.0503, Florida Statutes. 11. Pursuant to the SIGNATU (NOT) Hi gistered Agent signature required when reinstating) CR2E037 (10/97 12. OFFICERS AND DIR 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE Change Addition 111006 NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY - ST - 2IP DELETE Change ☐ Addition TITLE 2.1 THTLE NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE ☐ Change TITLE 31 DUE Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS SEE ATTACHED CITY-ST-ZIP 3.4 CITY-ST-2IP DELETE Addition TITLE 4 1 10116 Change NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - 7IP TITLE DEI ETE 5 1 TITLE Change 900002545619 -06/03/98--01023--031 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS \*\*\*61.25 CITY-ST-ZIP 5.4 Cily - \$1 - 7IP TITLE DELETE 6 1 TITLE Addition NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual report or supplied entain annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the cooperation or the receiver or trustee emprovement to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 of Block 13 if changed or on an attaching with an address.

SIGNATURE:

4/17/98

312-329-4123

**FILED** 

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