FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 808404

1. Corporation Name

THE MOODY BIBLE INSTITUTE OF CHICAGO

Principal Place of Business 820 N. LASALLE ST. CHICAGO IL 60610

21

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

820 N. LASALLE ST. CHICAGO IL 60610

2a. Mailing Address

Suite, Apt. #, etc.

26

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90035 014 ****61.25

* 2 3 7 9 3 7 * 237937 - 90035 - 14



3. Date incorporated or Qualifed

12/04/1950

4. FEI Number

22		27			-	302101132.		Not .	Applicable
City & State	,	City & S	tate			5. Certificate of Status Desired		\$8.75 Ad Fee Req	1
Zip	Country	Zip		Country	,	6: Election Campaign Financing		\$5.00 N	lav Be
24	25	29	30	_ '		Trust Fund Contribution		Added to	· .
24	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
	3. Name and Addition of Content			81	Name				
	- I DIGITADD								
	E, J. RICHARD			82	Street Addr	ress (P.O. Box Number is Not Accepta	ible) -		
11145 6TI				83	 				
TREASUR	E ISLAND FL 33706			1					
	5			84	City		FL	85 Zip Co	ode
	1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							changing its re	enistered
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 algnature required when reinstating) DATE									
12.	OFFICERS AND			13.		ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	D		☐ DELETE	1.1 TITLE	ſ			Change	Addition
NAME	BUNDY, STUART M DR			1.2 NAME					
STREET ADDRESS	7128 YORK DR			1.3 STREE	TADDRESS				Į
CITY-ST-ZIP	HIGHLAND CA 92346			1,4 CITY-S	ST-ZIP		ے۔_	<i>_</i>	
TITLE	D		DELETE	2.1 TITLE			13/	Change	Addition
NAME	ELSEN, JOHN			2.2 NAME	ĺ	رعن ا	/	•	· 1
STREET ADDRESS	7033 CHICKEN IN THE WOODS	RD	•	2.3 STREE	T ADDRESS	SEE ATTACHED			
CITY-ST-ZIP	THREE LAKES WI 54562			2.4 CITY-	ST-ZIP	A ST. ST. ST.		-	
TITLE	D		DELETE	3.1 TITLE		SE		☐ Change	☐ Addition
NAME	ERICKSON, ROBERT D			3.2 NAME	ł	ŕ			İ
ĺ	526 N. WASHINGTON			33STREE	T ADDRESS	•			1
STREET ADDRESS	HINSDALE IL 60521			3.4. CITY-					,
CITY-ST-ZIP	D .		☐ DELETE	4.1 TITLE	0,-ur			Change	Addition
TITLE	FORTSON, THOMAS S JR			4. 2 NAME				_ •	
NAME	17852 E. LONG AVE.				T ADDRESS				
STREET ADDRESS					- (•	- 1
CITY-ST-ZIP	AURORA CO 80016		☐ DELETE	4.4 CITY-5 5.1 TITLE	51-4P			Change	Addition
TITLE	D CILDNED DICHADD E		V-LLIL	5.1 IIILE 5.2 NAME					- 1
NAME	GILDNER, RICHARD E			1	TADDRESS				
STREET ADDRESS	80 GRANADA DR.					*			
CITY-ST-ZIP	MASON CITY IA 50401		EZ DELETE	5.4 CITY-5 6.1 TITLE	S1-4P			Change	☐ Addition
TITLE 1	D		DELETE						Addition
NAME : To	JOHNSON, EDWARD L			6.2 NAME		•			
STREET ADDRESS	653 CHAUCER RD			6.3 STREE	TADDRESS				
CITY ST. 7IP	SAN MARINO CA 91108			6.4 CITY-					
14. I hereby o	certify that the information supplied with	this filing does	not qualify for th	e exemp	tion stated in	Section 119.07(3)(i), Florida Statutes.	I further cer	tify that the in	formation

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 informatic 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:

MUSIGITATIBLE BEQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99

312-329-4123

Daytime Phone #

CR2E037_(11/98)

Applied For

237937-91035-14 808404

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808404

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