


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 08, 2007 08:00 AM
Secretary of State

DOCUMENT # 808404 1. Entity Name THE MOODY BIBLE INSTITUTE OF CHICAGO	
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Principal Place of Business 820 N. LASALLE ST. CHICAGO, IL 60610	Mailing Address 820 N. LASALLE ST. CHICAGO, IL 60610
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DO NOT WRITE IN THIS SPACE

07242007 No Chg-NP CR2E037 (4/06)

4. FEI Number 36-2167792	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

BINGHAM, MICHAEL
8200 PINE TREE LANE
WEST PALM BEACH, FL 33406

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating)

08/08/07-80005-001 61.25

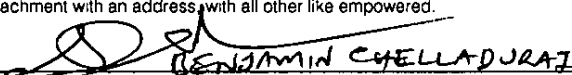
Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, PAUL H DR 1400 N CRANBROOK ROAD BLOOMFIELD VILLAGE, MI 48301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELSEN, JOHN DR 7033 CHICKEN IN THE WOODS RD THREE LAKES, WI 54562
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERICKSON, ROBERT D 526 N. WASHINGTON HINSDALE, IL 60521
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORTSON, THOMAS S DR 17852 E. LONG AVE. CENTENNIAL, CO 80016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WAUTERLEK, JOHN 2 ACORN LANE BARRINGTON, IL 60010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O GUNTER, ROBERT L 820 N LASALLE ST CHICAGO, IL 60610

**DO NOT WRITE
IN THIS SPACE**

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:  **08/02/07** **312-329-2076**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #