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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **834018** (4)

1. Corporation Name

INSTITUTE IN BASIC LIFE PRINCIPLES, INC.

Principal Place of Business

Mailing Address

BOX ONE
OAK BROOK IL 60522-3001

BOX ONE
OAK BROOK IL 60522-3001



3. Date Incorporated or Qualified

03/18/1975

4. FEI Number

36-6108515

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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	T	<input type="checkbox"/> DELETE
NAME	HILL, THOMAS A	
STREET ADDRESS	2643 N.W. 26TH ST.	
CITY-ST-ZIP	OKLAHOMA CITY OK	

TITLE	D	<input type="checkbox"/> DELETE
NAME	YOUNGBERG, DEAN	
STREET ADDRESS	7911 DONEGAL	
CITY-ST-ZIP	WICHITA KS	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GOTHARD, WILLIAM JR.	
STREET ADDRESS	1027 ARLINGTON	
CITY-ST-ZIP	LAGRANGE IL	

TITLE	DS	<input type="checkbox"/> DELETE
NAME	BLACKWOOD, ROY	
STREET ADDRESS	1175 PRINCETON PLACE	
CITY-ST-ZIP	ZIONSVILLE IN	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BRANDON, THOMAS S	
STREET ADDRESS	1012 WESTERN HILLS DR.	
CITY-ST-ZIP	SHERMAN TX	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SAMMONS, JAMES A	
STREET ADDRESS	2630 W. FREEWAY	
CITY-ST-ZIP	FORT WORTH TX	

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 ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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 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:

WILLIAM GOTHARD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Gothard, President

1-28-98

630-323-9800

Date

Daytime Phone # 0078553

CH2E037 (10/97)