

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90124 011 ****61.25

DOCUMENT # 834018

1. Corporation Name

INSTITUTE IN BASIC LIFE PRINCIPLES, INC.

Principal Place of Business

BOX ONE
OAK BROOK IL 60522-3001

Mailing Address

BOX ONE
OAK BROOK IL 60522-3001



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/18/1975

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

4. FEI Number

36-6108515

Applied For

Not Applicable

22

City & State

27

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

Zip

Country

28

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

☐ DELETE

NAME

**HILL, THOMAS A
2643 N.W. 26TH ST.
OKLAHOMA CITY OK**

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

**D
YOUNGBERG, DEAN
7911 DONEGAL
WICHITA KS**

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

**PD
GOTHARD, WILLIAM JR.
1027 ARLINGTON
LAGRANGE IL**

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

**DS
BLACKWOOD, ROY
1175 PRINCETON PLACE
ZIONSVILLE IN**

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

**D
BRANDON, THOMAS S
1012 WESTERN HILLS DR.
SHERMAN TX**

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

**D
SAMMONS, JAMES A
2630 W. FREEWAY
FORT WORTH TX**

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William W. Gothard, President 4-15-99 630-323-9800

Date

Daytime Phone #

CR2E037 (1/1/98)

0081528