

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000006042

1. Entity Name

PRAIRIE BIBLE INSTITUTE (U.S.) INC.

FILED

Feb 20, 2002 8:00 am  
Secretary of State

02-20-2002 90178 029 \*\*\*\*61.25

Principal Place of Business

C/O SNYNER & ASSOCIATES  
10303 JASPER AVE., 30TH FL  
EDMONTON, ALB. CA T5J- 4P4

Mailing Address

C/O SNYNER & ASSOCIATES  
10303 JASPER AVE., 30TH FL  
EDMONTON, ALB. CA T5J- 4P4

2. Principal Place of Business

C/O SNYDER & ASSOCIATES

Suite, Apt. #, etc.  
2500, 10123 - 99 STREET

City & State  
EDMONTON, ALBERTA

Zip  
T5J 3H1

Country  
CANADA

3. Mailing Address

C/O SNYDER & ASSOCIATES

Suite, Apt. #, etc.  
2500, 10123 - 99 STREET

City & State  
EDMONTON, ALBERTA

Zip  
T5J 3H1

Country  
CANADA



DO NOT WRITE IN THIS SPACE

4. FEI Number

95-4278244

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> Delete
NAME	DOWN, RICK	
STREET ADDRESS	THREE HILLS, ALBERTA	
CITY-ST-ZIP	CANADA T0M 2A0	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	NICOLSON, RAHAME REV.	
STREET ADDRESS	643 ROCK COULEE	
CITY-ST-ZIP	CONRAD MT 59425-0680	
TITLE	S	<input type="checkbox"/> Delete
NAME	SNYDER, STEPHEN	
STREET ADDRESS	10303 JASPER AVE., 30TH FLOOR	
CITY-ST-ZIP	EDMONTON, ALB CA	
TITLE	T	<input type="checkbox"/> Delete
NAME	KOMOROWSKI, RICHARD	
STREET ADDRESS	THREE HILLS, ALBERTA	
CITY-ST-ZIP	CANADA T0M 2A0	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GROUT, WENDELL DR.	
STREET ADDRESS	3936 BLACKSTONE COURT	
CITY-ST-ZIP	LOVELAND CO 80537	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWN, RICK	
STREET ADDRESS	P.O. BOX 4000	
CITY-ST-ZIP	THREE HILLS, AB T0M 2A0	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICOLSON, RAHAME REV.	
STREET ADDRESS	P.O. BOX 680	
CITY-ST-ZIP	CONRAD, MT 59425-0680	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, STEPHEN C.	
STREET ADDRESS	2500, 10123 - 99 STREET	
CITY-ST-ZIP	EDMONTON, AB T5J 3H1	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALAT, IONE	
STREET ADDRESS	1908 BOLBONES COURT	
CITY-ST-ZIP	WALNUT CREEK, CA 94595-2215	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORRIS, JIM	
STREET ADDRESS	1261 SPEARS AVENUE SE	
CITY-ST-ZIP	SALEM OR 97302	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICOLS, DOUG	
STREET ADDRESS	P.O. BOX 398	
CITY-ST-ZIP	MOUNTLAKE TERRACE, WA 98043-0398	

12. 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 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:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN C. SNYDER, SECRETARY JAN. 29/02 426-4133

Date

Daytime Phone #

(780)

CR2E037 (9/01)

SNYDER  
& ASSOCIATES LLP

BARRISTERS & SOLICITORS

#2500 SUN LIFE PLACE, 10123 - 99 STREET, EDMONTON AB T5J 3H1  
PHONE: (780) 426-4133 • FAX: (780) 424-1588  
EMAIL: INQUIRIES@SNYDER.CA • WEB SITE: WWW.SNYDER.CA

**Lisa Titterington**, Corporate Paralegal  
E-Mail: ltitterington@snyder.ca

Your Ref.

Our Ref.

87,132/SCS

January 30, 2002

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL  
32302-1500

Dear Sirs:

**Re: Prairie Bible Institute (U.S.) Inc. - Florida Registration**

Enclosed herewith please find the 2002 Uniform Business Report Annual Report for Prairie Bible Institute (U.S.) Inc. together with a US money order in the amount of \$61.25 (USD) to cover the filing fee in that regard.

Trusting you will find the enclosed to be in order.

Yours truly,

**SNYDER & ASSOCIATES**

*L. Titterington*  
Lisa Titterington  
Corporate Paralegal

/lt  
Encls.