


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000007891 1. Entity Name BIBLE BELIEVERS OUTREACH INC.						FILED 06 APR 12 PM 2:05 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 9835 WOODLAND HILLS WAY TALLAHASSEE, FL 32309				Mailing Address 9835 WOODLAND HILLS WAY TALLAHASSEE, FL 32309			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent WARMACK, TED L 9835 WOODLAND HILLS WAY TALLAHASSEE, FL 32309				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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARMACK, TOD L <input type="checkbox"/> Delete 9975 WOODLAND HILLS WAY TALLAHASSEE, FL 32309			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREGORY RICH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2009 SHADY OAKS DR TALLAHASSEE FL 32303		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LUCAS, JOHN <input checked="" type="checkbox"/> Delete 1320 GATESHEAD CIR TALLAHASSEE, FL 32311			TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KATHERINE RICH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2009 SHADY OAKS DR. TALLAHASSEE FL 32303		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARMACK, TED <input type="checkbox"/> Delete 9835 WOODLAND HILLS WAY TALLAHASSEE, FL 32309			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, STEVE <input type="checkbox"/> Delete 510 WEST TENNESSEE STREET TALLAHASSEE, FL 32301			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100072738721 04/28/06--01033--002 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARMACK, SANDRA <input type="checkbox"/> Delete 9835 WOODLAND HILLS WAY TALLAHASSEE, FL 32308			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WESTER, MICHAEL <input type="checkbox"/> Delete 10030 MOCCASIN GAP RD TALLAHASSEE, FL 32309			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4-13-06 8949373 <small>Date Daytime Phone #</small>			