## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED DOCUMENT # N00000007891 07 FEB -5 PM 2: 28 BIBLE BELIEVERS OUTREACH INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 9835 WOODLAND HILLS WAY 9835 WOODLAND HILLS WAY TALLAHASSEE, FL 32309 TALLAHASSEE, FL 32309 2. Principal Place of Business - No P.O. Box # 3. Mailing Address G 02052007 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (12/06) Applied For City & State City & State FFI Number 59-3695772 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WARMACK, TED L Street Address (P.O. Box Number is Not Acceptable) 9835 WOODLAND HILLS WAY TALLAHASSEE, FL 32309 City Zip Code FL 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Added to Fees Due by May 1, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. GREGORY RICH D Delete TITLE ☐ Change TITLE ZOOG SHADY ONKS DR WARMACK, TOD L NAME NAME 9975 WOODLAND HILLS WAY STREET ADDRESS STREET ADDRESS WILLAMISEE VIC 32353 TALLAHASSEE, FL 32309 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE RICH KATHERINE NAME NAME 2009 SHADY OAKS DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FL 32303 800088061528 02/13/07--01001--008 \*\*61 ☐ Addition D ☐ Delete TITLE TITLE WARMACK, TED NAME NAME STREET ADDRESS 9835 WOODLAND HILLS WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FL. 32309 ☐ Change ☐ Addition ☐ Delete TITLE TITLE DAVIS, STEVE MAME NAME STREET ADDRESS STREET ADDRESS 510 WEST TENNESSEE STREET CITY-ST-ZIP TALLAHASSEE, FL 32301 CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE WARMACK, SANDRA NAME NAME 9835 WOODLAND HILLS WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FL 32308 ☐ Change ☐ Addition Delete TITLE TITLE WESTER, MICHAEL NAME NAME 10030 MOCCASIN GAP RD STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL 32309 CITY-ST-ZIP CITY-ST-ZIP 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. 8948373 2.5-07 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR