

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90175 039 \*\*\*\*61.25

**DOCUMENT # N01000001476**

1. Entity Name  
**PRESERVING BIBLE TIMES, INC.**



Principal Place of Business  
**PO BOX 83357  
GAITHERSBURG, MD 20883 US**

Mailing Address  
**PO BOX 83357  
GAITHERSBURG, MD 20883 US**

**50035712**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**58-2608783**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TUFTS, T. SCOTT  
215 NORTH EOLA DRIVE  
ORLANDO, FL 32801**

Name  
**TIMOTHY J. MANOR**

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

**215 NORTH EOLA DRIVE**

City  
**ORLANDO**

FL

Zip Code  
**32801**

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

*[Signature]*

**TIMOTHY J. MANOR**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **D BORDINE, BRUCE**  
STREET ADDRESS **5035 WINKLER MILL**  
CITY-ST-ZIP **ROCHESTER, MI 48306**

TITLE ☐ Delete  
NAME **EDD GREENWOLD, DOUGLAS J**  
STREET ADDRESS **2 BRATTON COURT**  
CITY-ST-ZIP **ROCKVILLE, MD 20850**

TITLE ☐ Delete  
NAME **BULLARD, WILLIAM**  
STREET ADDRESS **6601 CLEARLAKE RD**  
CITY-ST-ZIP **GRASS LAKE, MI 49240**

TITLE ☐ Delete  
NAME **D HERSHISER, OREL**  
STREET ADDRESS **5277 ISLEWORTH COUNTRY CLUB DR**  
CITY-ST-ZIP **WINDERMERE, FL 34786**

TITLE ☒ Delete  
NAME **MARTIN, JAMES C DR.**  
STREET ADDRESS **2806 S LIPSCOMB**  
CITY-ST-ZIP **AMARILLO, TX 79109**

TITLE ☐ Delete  
NAME **D SNELL, D.J.**  
STREET ADDRESS **1101 NORTH KENTUCKY AVE SUITE 100**  
CITY-ST-ZIP **WINTER PARK, FL 32789**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **8800 Dixie Hwy.**  
CITY-ST-ZIP **Clarkston, MI 48348**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **6230 Stefani Drive**  
CITY-ST-ZIP **Dallas, TX 75225**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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]*

**DOUGLAS J. GREENWOLD, Exec. Dir., 4-05-05 301-828-7401**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #