

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90109 035 *****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

10007143



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **BORDINE, BRUCE**
STREET ADDRESS **5935 WINKLER MILL**
CITY-ST-ZIP **ROCHESTER MI 48306**

TITLE **Director of Media Services** ☐ Change ☒ Addition
NAME **Steven Holloway**
STREET ADDRESS **8564 Willow Wisp CT**
CITY-ST-ZIP **Laurel, MD 20723**

TITLE **D** ☒ Delete
NAME **BOURNE, ROBERT A**
STREET ADDRESS **1411 VIA TUSCANY**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **DOUGLAS J. Greenwald** ☐ Change ☒ Addition
NAME **EXECUTIVE DIRECTOR & Director**
STREET ADDRESS **2 BRATTON COURT**
CITY-ST-ZIP **Rockville, MD 20850**

TITLE **D** ☐ Delete
NAME **FRALEY, DIXIE JOHNSTON**
STREET ADDRESS **9218 CROMWELL PARK PLACE**
CITY-ST-ZIP **ORLANDO FL 32789**

TITLE **D** ☒ Change ☐ Addition
NAME **DIXIE KELLER**
STREET ADDRESS **9218 Cromwell Park Place**
CITY-ST-ZIP **Orlando, FL 32789**

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

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

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

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

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

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: *Douglas J. Greenwald* **Douglas J. Greenwald Executive Director, 4-6-03**

CR2E037 (10/02)