

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000003001**

1. Entity Name  
**C. H. MASON BIBLE INSTITUTE OF TALLAHASSEE, INC.**



Principal Place of Business  
**1936 SAXON STREET  
TALLAHASSEE, FL 32310**

Mailing Address  
**1486 LAKE BRADFORD RD. W.  
TALLAHASSEE, FL 32310**



01202006 No Chg-NP

CR2E037 (11/05)

4. FEI Number  
**31-1777843**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**RICHARDSON, D. K.  
1486 LAKE BRADFORD RD. W.  
TALLAHASSEE, FL 32310**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	COLBERT, THOMAS
STREET ADDRESS	1523 COLEMAN STREET
CITY-ST-ZIP	TALLAHASSEE, FL 32304
TITLE	PD
NAME	RICHARDSON, C. E DR.
STREET ADDRESS	2740 HICKORY RIDGE ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	SD
NAME	RICHARDSON, D. K
STREET ADDRESS	1486 LAKE BRADFORD ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32310
TITLE	TD
NAME	DICKEY, ELLA
STREET ADDRESS	1936 SAXON STREET
CITY-ST-ZIP	TALLAHASSEE, FL 32310
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000434429  
02/25/06-80001-016 70.00

**DO NOT WRITE  
IN THIS SPACE**

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: D.K. Richardson **D.K. Richardson** 2/13/06 (850) 576697  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #