2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008
Secretary of State

DOCUMENT# N01000003001

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

Current Principal Place of Business:

1936 SAXON STREET
TALLAHASSEE, FL 32310

New Principal Place of Business:

Current Mailing Address:

1486 LAKE BRADFORD RD. W.
TALLAHASSEE, FL 32310

New Mailing Address:

FEI Number: 31-1777843 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: COLBERT, THOMAS
Address: 1523 COLEMAN STREET
City-St-Zip: TALLAHASSEE, FL 32304

Title: PD ( ) Delete
Name: RICHARDSON, C. E DR.
Address: 2740 HICKORY RIDGE ROAD
City-St-Zip: TALLAHASSEE, FL 32308

Title: SD ( ) Delete
Name: RICHARDSON, D. K
Address: 1486 LAKE BRADFORD ROAD
City-St-Zip: TALLAHASSEE, FL 32310

Title: TD ( ) Delete
Name: RICHARDSON, CHANTHEA
Address: 1936 SAXON STREET
City-St-Zip: TALLAHASSEE, FL 32310

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: D. K. RICHARDSON DR. 04/14/2008

Electronic Signature of Signing Officer or Director — Date