


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000008681 1. Entity Name ST. AUGUSTINE BIBLE INSTITUTE & COLLEGE, INC.	
--	---

Principal Place of Business 132 OVIEDO STREET ST. AUGUSTINE, FL 32084	Mailing Address 132 OVIEDO STREET ST. AUGUSTINE, FL 32084
---	---

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BROWN, RONALD W 66 CUNA STREET SUITE A ST. AUGUSTINE, FL 32084	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000063609 02/23/04 00167 019 61.25
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FISCHE, JOHN 132 OVIEDO STREET ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRAGIN, DAVID 132 OVIEDO STREET ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SEROKA, ELIZABETH 132 OVIEDO STREET ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLER, WALTER 132 OVIEDO STREET ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE
IN THIS SPACE

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: John H. Fischle (JOHN H. FISCHLE) 1/26/04 (904) 794-2425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #