

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005 8:00 am
Secretary of State

04-14-2005 90085 032 ****61.25

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05162005 Chg-NP CR2E037 (10/03)

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		
2. Principal Place of Business 2692 US Hwy 1 S Suite, Apt. #, etc. 203		3. Mailing Address 2692 US Hwy 1 S Suite, Apt. #, etc. 203		4. FEI Number 01-0582407 Applied For <input type="checkbox"/> Not Applicable	
City & State ST AUGUSTINE, FL		City & State ST AUGUSTINE, FL			
Zip 32086		Country ST JONNY			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent BROWN, RONALD W 66 CUNA STREET SUITE A ST. AUGUSTINE, FL 32084			
7. Name and Address of New Registered Agent 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 <u>Ronald W Brown</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete FISCHE, JOHN 132 OVIEDO STREET ST. AUGUSTINE, FL 32084		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DUNCAN, RICHARD 2692 US HWY 1 S, SUITE 203 ST AUGUSTINE, FL 32086 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BRAGIN, DAVID 132 OVIEDO STREET ST. AUGUSTINE, FL 32084		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BRAGIN, DAVID 2692 HWY 1 S, SUITE 203 ST AUGUSTINE, FL 32086 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete SEROKA, ELIZABETH 132 OVIEDO STREET ST. AUGUSTINE, FL 32084		TITLE NAME STREET ADDRESS CITY-ST-ZIP	GRATIFY CHAIR PERSON GRIFFIN, EDNA 2692 HWY 1 S, SUITE 203 ST AUGUSTINE, FL 32086 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MILLER, WALTER 132 OVIEDO STREET ST. AUGUSTINE, FL 32084		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR TERKEURST, DOUGLAS 2692 HWY 1 S, SUITE 203 ST AUGUSTINE, FL 32086 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ANDREWS, VIRGINIA 2692 US HWY 1 S, SUITE 203 ST AUGUSTINE, FL 32086 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: <u>David H Bragin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 5/14/05 (904) 461-9226 <small>Daytime Phone #</small>		