## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N02000001642

1. Entity Name

KIRBY BROWN BIBLE CRUSADE INC



FILED Apr 24, 2006 08:00 AN Secretary of State

CR2E037 (11/05)

Principal Place of Business 117 E 27TH STREET JACKSONVILLE, FL 32206 Mailing Address PO BOX 47983 JACKSONVILLE, FL 32247



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 30-0057289 Not Applicable

5. Certificate of Status Desired

04212006 No Chg-NP

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, KIRBY H JR. 117 E. 27TH ST. JACKSONVILLE, FL 32206

## DO NOT WRITE IN THIS SPACE

JACKSONVILLE, FL 32206		IN THIS SPACE			
amed entity submits this statement for the ns of registered agent.	purpose of changing its registered o	ffice or re	egistered agent, or bo	oth, in the State of Florida. I am famillar with, and accept	-
ignature, typed or printed name of registered agent and titl	e il applicable (NOTE: Registered Age	ent signature	required when reinstating)	DATE	
	Election Campaign Financing     Trust Fund Contribution.	g 🗆	\$5.00 May Be Added to Fees		
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BROWN, KIRBY H JR. PO BOX 47983				U00000532391 05706706_20022_006_61_25	
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	amed entity submits this statement for the ns of registered agent.  Ignature, typed or printed name of registered agent and tild  Filling Fee is \$61.25  Due by May 1, 2006  OFFICERS AND DIRE  P BROWN, KIRBY H JR.  PO BOX 47983  JACKSONVILLE, FL 32247	amed entity submits this statement for the purpose of changing its registered on of registered agent.  In a signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent and title if	amed entity submits this statement for the purpose of changing its registered office or repsistered agent.    Interpolation   Interpolation	amed entity submits this statement for the purpose of changing its registered office or registered agent, or but not registered agent and title if applicable  [NOTE: Registered Agent signature required when refusating]  [Filling Fee is \$61.25  [Oue by May 1, 2006  OFFICERS AND DIRECTORS  P  BROWN, KIRBY H JR.  PO BOX 47983  JACKSONVILLE, FL 32247  DO  IN	amed entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept no or registered agent, or both, in the State of Florida. I am familiar with, and accept no registered agent, or both, in the State of Florida. I am familiar with, and accept no registered agent, or both, in the State of Florida. I am familiar with, and accept no registered agent, or both, in the State of Florida. I am familiar with, and accept no registered agent, or both, in the State of Florida. I am familiar with, and accept no registered agent, or both, in the State of Florida. I am familiar with, and accept no registered agent, or both, in the State of Florida. I am familiar with, and accept no registered agent, or both, in the State of Florida. I am familiar with, and accept no registered agent, or both, in the State of Florida. I am familiar with, and accept no registered agent, or both, in the State of Florida. I am familiar with, and accept no registered agent, or both, in the State of Florida. I am familiar with, and accept no registered agent, or both, in the State of Florida. I am familiar with, and accept no registered agent, or both, in the State of Florida. I am familiar with, and accept no registered agent, or both, in the State of Florida. I am familiar with, and accept no registered agent, or both, in the State of Florida. I am familiar with, and accept no registered agent, or both, in the State of Florida. I am familiar with, and accept no registered agent, or both in the State of Florida. I am familiar with accept no registered agent, or both in the State of Florida. I am familiar with, and accept no registered agent, or both in the State of Florida. I am familiar with accept no registered agent, or both in the State of Florida. I am familiar with accept no registered agent, or both in the State of Florida. I am familiar with accept no registered agent accept no registered agent accept no registered agent no registered age

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:

SIGNATURE AND TYPED OR PRINTED NAME OF MIGNI

4-21-06

904-353-9185