

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

03/29/04 90082 040 *61.25

DOCUMENT # N02000008736

1. Entity Name

NARROW WAY BIBLE COLLEGE, INCORPORATED



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP -3 AM 8:00

Principal Place of Business

1301-16 MONUMENT ROAD
JACKSONVILLE FL 32225

Mailing Address

1301-16 MONUMENT ROAD
JACKSONVILLE FL 32225

2. Principal Place of Business

1301-16 MONUMENT Rd

3. Mailing Address

1301-16 Monument Rd.

Suite, Apt. #, etc.

Jacksonville, FL

Suite, Apt. #, etc.

Jacksonville, FL

City & State

City & State



MOORE

CR2E037 (11/03)

MRD

4. FEI Number

59-3709206

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

Zip 32225

Country Duval

Zip 32225

Country Duval

6. Name and Address of Current Registered Agent

GREENE, SAMUEL N
1301-16 MONUMENT ROAD
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

Name Samuel N. Greene

Street Address (P.O. Box Number is Not Acceptable)
1301-16 MONUMENT Rd.

Jacksonville, Florida

City

FL

Zip Code

32225

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME GREENE, SANUEL N ☐ Delete
STREET ADDRESS 1301-16 MONUMENT ROAD
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE V
NAME DUKE, DAN ☐ Delete
STREET ADDRESS 1301-16 MONUMENT ROAD
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE ST
NAME GOYETTE, ROBERT ☐ Delete
STREET ADDRESS 1301-16 MONUMENT ROAD
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Sam Greene

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-04 904-721-9963

Date Daytime Phone #