

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001736

FILED
Apr 13, 2005
Secretary of State

Entity Name: AFRICA INSTITUTE FOR BIBLICAL CHRISTIANITY, INC.

Current Principal Place of Business:

3015 ST CHARLES DRIVE
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

P O BOX 261565
TAMPA, FL 336851565

New Mailing Address:

FEI Number: 57-1153260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHALK, JACK P
3015 ST CHARLES DRIVE
TAMPA, FL 33618 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: CHALK, JACK P
Address: P O BOX 261565
City-St-Zip: TAMPA, FL 33685

Title: D () Delete
Name: CHALK, DOLORES ANN
Address: P O BOX 261565
City-St-Zip: TAMPA, FL 33685

Title: D () Delete
Name: GEHMAN, J DOUGLAS
Address: P O BOX 3040
City-St-Zip: PENSACOLA, FL 32516

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JACK P. CHALK

PRES

04/13/2005

Electronic Signature of Signing Officer or Director

Date