

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000001736**

1. Entity Name

**AFRICA INSTITUTE FOR BIBLICAL CHRISTIANITY, INC.**



Principal Place of Business

**3015 ST CHARLES DRIVE  
TAMPA, FL 33618**

Mailing Address

**P O BOX 261565  
TAMPA, FL 33685-1565**



01092006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**57-1153260**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CHALK, JACK P  
3015 ST CHARLES DRIVE  
TAMPA, FL 33618**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when withdrawing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
CHALK, JACK P  
P O BOX 261565  
TAMPA, FL 33685**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
CHALK, DOLORES ANN  
P O BOX 261565  
TAMPA, FL 33685**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
GEHMAN, J DOUGLAS  
P O BOX 3040  
PENSACOLA, FL 32516**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11070001383937  
01/13/06-80021-014 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Jack P. Chalk, President* **JACK P. CHALK**

*January 9, 2006* **DATE**

*813-9616775* **DAYTIME PHONE**