## **2008 NOT-FOR-PROFIT CORPORATION** ANNUAL REPORT

## **FILED** Mar 31, 2008 8:00 am Secretary of State

DOCUMENT # N03000010673  1. Entity Name GOD'S FAMILY BIBLE CHURCH INCORPORATED							03-31-2008 90001 028 ****61.25				
Principal Place of Business Mailing Address 801 N. STATE ST. PO BOX 2449 BUNNELL, FL 32110 BUNNELL, FL 32110						[		<b>1011</b> HO FER <b>1</b> 1		I (( <b>1)   1</b>   1   1   1   1   1   1   1   1	
Principal Place of Business - No P.O. Box #     3. f				B. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03282008	Chg-NP	C	R2E037 (12/06)	
City & State			City & Sta			4. FEI Numb 20-048			<del></del>	pplied For ot Applicable	
Zip	Country		Zip		Country		5. Certificate	of Status Desir	ed [	\$8.75 Ad Fee Requin	
	6. Name	and Address of Current R	Registered Age	nt	<del></del>		7. Name and	Address of No	w Regis	tered Agent	
KNIGHT, JERRY C 4721 E. MOODY BLVD SUITE 505					ļ	Name Street Address (P.O. Box Number is Not Acceptable)					
BUNNELL											
: .					City				FL Zip Cox	Je .	
	tions of regist	y submits this statement for ered agent.	the purpose of	changing its reg	gistered office o	r registere	ed agent, or bo	th, in the State	of Florida.	. I am familiar with	, and accept
SIGNATURE		or printed name of registered agent at	nd title if applicable.	(NOTE: Rec	cistered Agent signer	ure recuired	when reinstating)			DATE	
SIGNATURE	Signature, typed Filling Fe	or printed name of registered against at	9.	Election Campa			\$5.00 May B	le		DATE	
SIGNATURE	Signature, typed Filling Fe	e is \$61.25 lay 1, 2008	9.	<del></del>	ign Financing		\$5.00 May B Added to Fees	1 3 m	Florida	check payable Department of S	tate
10.	Filing Fe	e Is \$61.25	9. ECTORS	Election Campa Trust Fund Cont	aign Financing tribution.		\$5.00 May B Added to Fees	1 3 m	Florida	check payable Department of S ND DIRECTORS I	tate 10
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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 cath; 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.

CNATURE:

ABOLA II AVINBO

ABOLA II AVINBO

ASCUSSECUR19

SIGNATURE:

386) 586 4019