

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005691

FILED
Apr 17, 2009
Secretary of State

Entity Name: FLORIDA BIBLE CONSULTANTS, INC.

Current Principal Place of Business:

41 N 20TH STREET, #17`
HAINES CITY, FL 338444638 US

New Principal Place of Business:

Current Mailing Address:

41 N 20TH STREET, #17`
HAINES CITY, FL 338444638 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE, EARLE E DR
41 N 20TH STREET, # 17
HAINES CITY, FL 338444638 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: LEE, EARLE E DR
Address: 41 N 20TH STREET, # 17
City-St-Zip: HAINES CITY, FL 338444638

Title: D () Delete
Name: JOHNSON, ABE DR
Address: 4085 BOTHWELL TERRACE
City-St-Zip: TALLAHASSEE, FL 323178548

Title: D () Delete
Name: FREEBERG, C. WAYNE DR
Address: 808 ESQUIRE LANE
City-St-Zip: ST AUGUSTINE, FL 32092

Title: D () Delete
Name: LEE, BARBARA A
Address: 41 N 20TH STREET, # 17
City-St-Zip: HAINES CITY, FL 338444638

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DR. EARLE E. LEE

D

04/17/2009

Electronic Signature of Signing Officer or Director

_____ Date