

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000582

FILED  
Feb 08, 2006  
Secretary of State

Entity Name: LIFE CHRISTIAN BIBLE INSTITUTE, INC.

**Current Principal Place of Business:**

410 EAST CHAPMAN ROAD  
TAMPA, FL 33549

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 272360  
TAMPA, FL 336882360

**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:**

WINGATE, DOUGLAS DR.  
410 EAST CHAPMAN ROAD  
TAMPA, FL 33549 US

**Name and Address of New Registered Agent:**

WINGATE, DOUGLAS J DR.  
410 EAST CHAPMAN ROAD  
TAMPA, FL 33549 US

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: DOUGLAS J. WINGATE

02/08/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WINGATE, DOUGLAS DR.  
Address: 410 EAST CHAPMAN ROAD  
City-St-Zip: TAMPA, FL 33549

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PDT (X) Change ( ) Addition  
Name: WINGATE, DOUGLAS J DR.  
Address: 16120 CHASTAIN RD  
City-St-Zip: ODESSA, FL 33556

Title: VP ( ) Change (X) Addition  
Name: WINGATE, SUSAN E MRS.  
Address: 16120 CHASTAIN RD  
City-St-Zip: ODESSA, FL 33556

Title: STD ( ) Change (X) Addition  
Name: COFLIN, DIANNE M MRS.  
Address: 14502 CLIFTY CT  
City-St-Zip: TAMPA, FL 33624

I hereby certify that the information supplied with this filing does not qualify for the 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: DOUGLAS J. WINGATE

PDT

02/08/2006

Electronic Signature of Signing Officer or Director

Date