


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2008 8:00 am
Secretary of State

05-01-2008 90205 042 ****61.25

DOCUMENT # N07000007930					
1. Entity Name RETURN TO THE BIBLE FOUNDATION, INC.					
Principal Place of Business 738 NATURE'S HAMMOCK DR, SOUTH JACKSONVILLE, FL 32259			Mailing Address 738 NATURE'S HAMMOCK DR, SOUTH JACKSONVILLE, FL 32259		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 26-1519996	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MCMENAMY, WILLIAM B 50 NORTH LAURA STREET SUITE 2925 JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent Name <u>JOSEPH R. MOODY</u> Street Address (P.O. Box Number is Not Acceptable) <u>738 NATURE'S HAMMOCK DRIVE SOUTH</u> City <u>JACKSONVILLE</u> FL <u>32259</u>	
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 <u>Joseph R. Moody</u> <small>Signature typed or printed name of registered agent and fee if applicable.</small>				DATE <u>4/28/08</u> <small>(NOTE: Registered Agent signature required when renewing)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME
	MOODY, JOSEPH R	738 NATURE'S HAMMOCK DR, SOUTH	JACKSONVILLE, FL 32259		
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 or without the empowered.					
SIGNATURE: <u>Joseph R. Moody</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>4/28/08</u> Daytime Phone # <u>904/287 2272</u>	