

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006621

FILED
Jan 16, 2009
Secretary of State

Entity Name: FLORIDA BIBLE INSTITUTE INC

Current Principal Place of Business:

1001 CARPENTERS WAY
SUITE G-109
LAKELAND, FL 33809 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 93549
LAKELAND, FL 33804 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

BARTON, VALETA B
1001 CARPENTERS WAY
SUITE G-109
LAKELAND, FL 33809 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: P () Delete
Name: HENSLEY, HAROLD
Address: 246 QUAIL RIDGE ROAD
City-St-Zip: CLARKSVILLE, TN 37042 US

Title: EVP () Delete
Name: HUNT, JAMES W DR,
Address: 121 KING COLE DRIVE
City-St-Zip: CLARKSVILLE, TN 37042 US

Title: AVP () Delete
Name: CORLEY, WILLIAM H DR.
Address: 302 KIMBROUGH DRIVE
City-St-Zip: CLARKSVILLE, TN 37043 US

Title: ST () Delete
Name: HUNT, LINDA S DR.
Address: 121 KING COLE DRIVE
City-St-Zip: CLARKSVILLE, TN 37042 US

Title: COB () Delete
Name: BARTON, VALETA B
Address: 1001 CARPENTERS WAY , SUITE G-109
City-St-Zip: LAKELAND, FL 33809 US

Title: B (X) Delete
Name: CORLEY, BARBARA
Address: 302 KIMBROUGH ROAD
City-St-Zip: CLARKSVILLE, TN 37043 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HUNT, JAMES W DR.
Address: 121 KING COLE DRIVE
City-St-Zip: CLARKSVILLE, TN 37042 US

Title: EVP (X) Change () Addition
Name: WALL, CELESTE DR,
Address: 556 BAYSHORE DRIVE
City-St-Zip: ST GEORGE ISLAND, FL 32328 US

Title: AVP (X) Change () Addition
Name: BERGGREN, ROBERT DR.
Address: 109 TOBACCO ROAD
City-St-Zip: CLARKSVILLE, TN 37042 US

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. JAMES W. HUNT

P

01/16/2009

Electronic Signature of Signing Officer or Director

Date