

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90015 005 ****61.25

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01062006 Chg-NP CR2E037 (11/05)

DOCUMENT # N08628 1. Entity Name AMERICAN BIBLE COLLEGE, INC.					
Principal Place of Business 13821 WATERFRONT DR PINELAND, FL 33945 US			Mailing Address PO BOX 331 PINELAND, FL 33945 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 36-2662160	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROYSE, MARVIN W 13821 WATERFRONT DR PINELAND, FL 33945				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$81.25 Due by May 4, 2006		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	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROYSE, MARVIN W		NAME		
STREET ADDRESS	13821 WATERFRONT DR		STREET ADDRESS		
CITY - ST - ZIP	PINELAND, FL		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROYSE, KATHY L		NAME		
STREET ADDRESS	13821 WATERFRONT DR		STREET ADDRESS		
CITY - ST - ZIP	PINELAND, FL		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHIPLEY, JAMES H		NAME		
STREET ADDRESS	13821 WATERFRONT DR		STREET ADDRESS		
CITY - ST - ZIP	PINELAND, FL		CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARNETT, RONALD		NAME		
STREET ADDRESS	1003 SHAWNDA LANE		STREET ADDRESS		
CITY - ST - ZIP	KISSIMMEE, FL		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARNETT, RONALD		NAME		
STREET ADDRESS	1003 SHAWNDA LANE		STREET ADDRESS		
CITY - ST - ZIP	KISSIMMEE, FL		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HILL, ROBERT		NAME	HILL, ROBERT	
STREET ADDRESS	7300 WALTON RD		STREET ADDRESS	293 CR. 14	
CITY - ST - ZIP	BOKEELIA, FL		CITY - ST - ZIP	WATER VALLEY, MS.	
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 all other like empowered.					
SIGNATURE: <i>Dr. Marvin W. Royse</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-6-06 239-283-0514 <small>Date Daytime Phone #</small>		