FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 10:46

DOCUMENT # N26185 (1)

1. Corporation Name
THE TALLAHASSEE BIBLE INSTITUTE, INC.

Principal Place of Business	Mailing Address
% JOSEPH WURTZ ARNETT 2102 LAKE FOREST DR TALLAHASSEE FL 32303 US	P.O. BOX 3358 TALLAHASSEE FL 32315-3358 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/29/1988
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2925284 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

9. Name and Address of Current Registered Agent

ARNETT, JOSEPH WURTZ
2102 LAKE FOREST DRIVE
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	11 TITLE	VP	☑ Change ☐ Addition
NAME	LOPEZ, DARLENE H	12 NAME		
STREET ADDRESS	3419 PROCK DRIVE	13 STREET ADDRESS	9 N.W. 42ND TERR.	
CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	LOPEZ, DARLEN HEINRIC	22 NAME		
STREET ADDRESS	3419 PROCK DR	23 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	ARNETT, JOSEPH WURTZ	32 NAME		
STREET ADDRESS	2102 LAKE FOREST DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	34 CITY-ST-ZIP		
TITLE	DV	41 TITLE	DV	☐ Change ☐ Addition
NAME	ARNETT, JO ANN	42 NAME		
STREET ADDRESS	2102 LAKE FOREST DRIVE	43 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	44 CITY-ST-ZIP		
TITLE	DV	51 TITLE	DV	☑ Change ☐ Addition
NAME	LOPEZ, LIONEL	52 NAME		
STREET ADDRESS	3419 PROCK DR	53 STREET ADDRESS	9 N.W. 42ND TERR	
CITY-ST-ZIP	TALLAHASSEE FL	54 CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE		61 TITLE	JR	☐ Change ☑ Addition
NAME		62 NAME	WEST, JOAN	
STREET ADDRESS		63 STREET ADDRESS	2808 NIMMIT HILL DR.	
CITY-ST-ZIP		64 CITY-ST-ZIP	TALLAHASSEE, FL 32312	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] JO ANNE ARNETT 3/22/95 904/656-9673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027728