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NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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 3338 1342 VICKERS DR.
TALLAHASSEE FL 32303
US

2. Principal Place of Business

2a. Mailing Address

21 1342 VICKERS DR.

26 1342 VICKERS DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 TALLAHASSEE, FL

28 TALLAHASSEE, FL

24 Zip 32303-3041

25 Country USA

29 Zip 32303-3041

30 LEON/USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARNETT, JOSEPH WURTZ
2102 LAKE FOREST DRIVE
TALLAHASSEE FL 32303

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME LOPEZ, DARLENE H
STREET ADDRESS 9 NW 42 TERR
CITY-ST-ZIP PLANTATION FL

TITLE D
NAME LOPEZ, DARLEN HEINRIC
STREET ADDRESS 3419 PROCK DR
CITY-ST-ZIP TALLAHASSEE FL

TITLE VD
NAME ARNETT, JOSEPH WURTZ
STREET ADDRESS 2102 LAKE FOREST DRIVE
CITY-ST-ZIP TALLAHASSEE FL

TITLE DP
NAME ARNETT, JO ANN
STREET ADDRESS 2102 LAKE FOREST DRIVE
CITY-ST-ZIP TALLAHASSEE FL

TITLE DV
NAME LOPEZ, LIONEL
STREET ADDRESS 9 NW 42 TERR
CITY-ST-ZIP PLANTATION FL

TITLE T
NAME WEST, JOAN
STREET ADDRESS 2808 RABBIT HILL DR
CITY-ST-ZIP TALLAHASSEE FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Phone #

Joseph Wurtz Arnett
JOSEPH WURTZ ARNETT

(904) 562-7492

CR2E037 (12/95)