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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

1342 VICKERS DR.
2102 LAKE FOREST DR
TALLAHASSEE FL 32303-3041
US

1342 VICKERS DR.
TALLAHASSEE FL 32303-3041
US



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 ☐ DELETE

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

TITLE ☒ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)