


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90264 029 \*\*\*\*61.25

<b>DOCUMENT # N29259</b>	
<b>1. Entity Name</b> <b>BIBLE TIME MINISTRIES, INC.</b>	

<b>Principal Place of Business</b> <b>908 GORDON AVE</b> <b>PENSACOLA FL 32507</b>	<b>Mailing Address</b> <b>PO BOX 4633</b> <b>PENSACOLA FL 32507</b>
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<b>2. Principal Place of Business</b> <b>908 Gordon Ave.</b> <b>Suite, Apt. #, etc.</b> <b>Pensacola, FL</b> <b>City &amp; State</b>	<b>3. Mailing Address</b> <b>P.O. Box 4633</b> <b>Suite, Apt. #, etc.</b> <b>Pensacola, FL</b> <b>City &amp; State</b>
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1st MOORE CR2E037 (10/04)

<b>Zip</b> <b>32507</b>	<b>Country</b> <b>USA</b>	<b>Zip</b> <b>32507</b>	<b>Country</b> <b>USA</b>
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<b>4. FEI Number</b> <b>59-2921270</b>	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> <b>GRAHAM, MARY</b> <b>906 GORDON AVE</b> <b>PENSACOLA FL 32507</b>	<b>7. Name and Address of New Registered Agent</b> <b>Name</b> <b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>City</b> <b>FL</b> <b>Zip Code</b>
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**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	<b>9. Election Campaign Financing</b> <b>Trust Fund Contribution.</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VD</b> <b>GRAHAM, MARY</b> <b>202 GREENRIDGE DR.</b> <b>PENSACOLA FL 32514</b> <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>STD</b> <b>GRAHAM, LESLIE</b> <b>750 COUNTY RD #234 LOT 19</b> <b>CULLMAN AL 35057</b> <input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>COX, JAMES C.</b> <b>1312 PALM BLVD.</b> <b>PORT ST. JOE FL</b> <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>COX, RANZA</b> <b>1312 MCCLELLAND AVE.</b> <b>PORT ST JOE FL</b> <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. I 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 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:** Mary C. Graham **Mary C. Graham** April 8, 2005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #