

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29259

FILED
Mar 04, 2009
Secretary of State

Entity Name: BIBLE TIME MINISTRIES, INC.

Current Principal Place of Business:

908 GORDON AVE
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

PO BOX 4633
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: 59-2921270

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAHAM, MARY
906 GORDON AVE
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: GRAHAM, MARY
Address: 906 GORDON AVE.
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: COX, JAMES C.,
Address: 1312 PALM BLVD.
City-St-Zip: PORT ST. JOE, FL

Title: D () Delete
Name: COX, RANZA,
Address: 1312 MCCLELLAND AVE.
City-St-Zip: PORT ST JOE, FL

Title: D () Delete
Name: GRAHAM, LESLIE
Address: MISTY HARBOR 750 CITY RD 234 LOT 19
City-St-Zip: CULLMAN, AL 35057

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: COX, JAMES C.,
Address: 1312 PALM BLVD.
City-St-Zip: PORT ST. JOE, FL 32456

Title: D (X) Change () Addition
Name: COX, RANZA,
Address: 1312 MCCLELLAND AVE.
City-St-Zip: PORT ST JOE, FL 32456

Title: D (X) Change () Addition
Name: GRAHAM, LESLIE
Address: 80 CLARENDON ROAD
City-St-Zip: CULLMAN, AL 35057

Title: D () Change (X) Addition
Name: MASON, MARY
Address: 940 GEORGIA AVE
City-St-Zip: PANAMA CITY, FL 32404

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY GRAHAM

VD

03/04/2009

Electronic Signature of Signing Officer or Director

Date