

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90004 044 ****61.25

DOCUMENT # N36360

1. Entity Name

CORINTHIAN BIBLE MINISTRIES, INC.

Principal Place of Business

**50 E. 5TH STREET
 APOPKA FL 32703**

Mailing Address

**4024 WATCH HILL ROAD
 ORLANDO FL 32808**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2992383

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EADY, FAYBELLE F REV.
 4024 WATCH HILL RD.
 ORLANDO FL 32808**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	EADY, FAYBELLE F REV.	4024 WATCH HILL RD	ORLANDO FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	SULLIVAN, SR T	5422 TIMBER CHASE CT	ORLANDO FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	SIMS, ALMA D	430 SUNSET DR., APT #1	ORLANDO FL 32805	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	EADY, BENNY G REV.	4024 WATCH HILL ROAD	ORLANDO FL 32808	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	CADDLE, FANNIE M	150 W. 10TH STREET	APOPKA FL 32703	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: *Faybelle F. Eady* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **4-28-01** **407 298 8701**
 Date Daytime Phone #

CR2E037 (10/00)