

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90129 048 \*\*\*\*70.00

<b>DOCUMENT # N36360</b> 1. Entity Name <b>CORINTHIAN BIBLE MINISTRIES, INC.</b>					
Principal Place of Business <b>50 E. 5TH STREET APOPKA, FL 32703</b>			Mailing Address <b>4024 WATCH HILL ROAD ORLANDO, FL 32808</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>150 W. 10TH ST.</b> Suite, Apt. #, etc.			
City & State		City & State <b>APOPKA, FL</b>		4. FEI Number <b>59-2992383</b>	
Zip <b>32703</b>		Country <b>ORANGE</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04282004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent  <b>EADY, FAYBELLE F REV. 4024 WATCH HILL RD. ORLANDO, FL 32808</b>			7. Name and Address of New Registered Agent Name <b>EADY, FAYBELLE F. REV.</b> Street Address (P.O. Box Number is Not Acceptable) <b>150 W. 10TH STREET</b> City <b>APOPKA</b> <b>FL</b> Zip Code <b>32703</b>		
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 <i>Rev. Faybelle F. Eady</i> <b>REV. FAYBELLE F. EADY, REG. AGT.</b> <b>4/29/04</b> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>EADY, FAYBELLE F REV. 4024 WATCH HILL RD ORLANDO, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>EADY, FAYBELLE F. REV. 150 W. 10TH STREET APOPKA, FL 32703</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>SULLIVAN, SR T 5422 TIMBER CHASE CT ORLANDO, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>SIMS, ALMA D 430 SUNSET DR., APT #1 ORLANDO, FL 32805</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>EADY, BENNY G REV. 4024 WATCH HILL ROAD ORLANDO, FL 32808</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>EADY, BENNY G. REV. 150 W. 10TH STREET APOPKA, FL 32703</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>CADDLE, FANNIE M 150 W. 10TH STREET APOPKA, FL 32703</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.					
<b>SIGNATURE: <i>Rev. Faybelle F. Eady</i> REV. FAYBELLE F. EADY, PRES. 4/29/04 4078149360</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					