


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N36360
 1. Entity Name
CORINTHIAN BIBLE MINISTRIES, INC.



Principal Place of Business
**50 E. 5TH STREET
 APOPKA, FL 32703**

Mailing Address
**150 W 10TH ST.
 APOPKA, FL 32703**

DO NOT WRITE IN THIS SPACE



04122005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2892383

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**EADY, FAYBELLE F REV.
 150 W 10TH ST.
 APOPKA, FL 32703**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD EADY, FAYBELLE F REV. 150 W 10TH ST. APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SULLIVAN, SR T 5422 TIMBER CHASE CT ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SIMS, ALMA D 430 SUNSET DR., APT #1 ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD EADY, BENNY G REV. 150 W 10TH ST. APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CADDLE, FANNIE M 150 W. 10TH STREET APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000361742
 05/05/05-80089-012 61.25

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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* **4-29-05** **407 814 9360**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #