


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90142 024 ****61.25

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**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



04272008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2992383

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**

7. Name and Address of New Registered Agent

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. 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, 2008**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	EADY, FAYBELLE F REV.	
STREET ADDRESS	150 W 10TH ST.	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WILSON, MARY H REV.	
STREET ADDRESS	5205 VIA ALIZAR DR., APT. 92	
CITY-ST-ZIP	ORLANDO, FL 32839	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ANDERSON, STEPHANIE	
STREET ADDRESS	2142 BUCHANAN BAY, APT 104	
CITY-ST-ZIP	ORLANDO, FL 32839	
TITLE	TD	<input type="checkbox"/> Delete
NAME	EADY, BENNY G REV.	
STREET ADDRESS	150 W 10TH ST.	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CADDLE, FANNIE M	
STREET ADDRESS	150 W. 10TH STREET	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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* **4/29/08** **407 886 2584**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #