FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # N39384**

1. Corporation Name

SPECIAL BIBLE MINISTRIES, INC.

Principal Place of Business
& GLEN D. MILLER
129 SAUSAGE LANE
W COLUMBIA SC 29170
IIS.

Mailing Address

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90047 042 ****61.25



& GLEN D. MI 129 SAUSAGE W COLUMBIA US								
	ace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed 07/09/1990			
21 Suite, Apt. :	#, etc.	Suite, Apt. #, etc			4. FEI Number 58-1817834	<u> </u>	Applied For Not Applicable	
City & State	8	City & State			5. Certificate of Status Desired	1 7	Additional Required	
Zip 24	Country -	Zip	Zip Country		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered Agent		
			81	Name				
MILLER, 0			82	Street Add	dress (P.O. Box Number is Not Accepta	ble)		
	CITY FL 32405		83					
			84	1		FL	p Code	
11. Pursuant office or re agent. I a	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was autions of, Section 617.0503, Florid	nonzed by da Statutes	tne corporat	rporation submits this statement for the tion's board of directors. I hereby accep		its registered registered	
OIOIATORE	Signature, typed or printed name of registered agent	<u></u>		nt signature requi	ired when reinstating)	DATE AND BUDGO	CODO IN 40	
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OF			
TITLE	PD	☐ DELETE	1.1 TITLE			Chang	e 🔲 Addition	
NAME	MILLER, GLEN D.		1.2 NAME	<u> </u>			Ţ.	
STREET ADDRESS	129 SAUSAGE LANE		1.3 STREE	T ADDRESS				
CTY-ST-ZIP	W COLUMBIA SC		1.4 CITY-S	T-ZIP				
TITLE	SD	☐ DELETE	2.1 TITLE			Chang	e 🔲 Addition	
NAME	MILLER, SANDRA N.		2.2 NAME				'	
STREET ADDRESS	129 SAUSAGE LANE ~ ~		2.3 STREE	TADDRESS	E	÷ '		
CITY-ST-ZIP	W COLUMBIA SC		2. 4 CITY-	ST-ZIP				
TITLE	D	☐ DELETE	3.1 TITLE	t		☐ Chang	e 🔲 Addition	
NAME	ELLIOTT, JOHN		3.2 NAME					
STREET ADDRESS	7801 BURNS ST.		3.3 STREE	T ADDRESS		•		
CITY-ST-ZIP	HITCHCOCK TX		3,4, CITY-	ST-ZIP				
ııır€	D	☐ DELETE	4.1 MTLE	1		Chang	e Addition	
NAME	OGG, JEFFREY A		4, 2 NAME			a tea		
STREET ADDRESS	8930 SASSAFRAS—	•	4.3 STREE	TADORESS /	770 CHASE MEADO	WS CIRCL	.=	
CITY-ST-ZIP	BATON ROUGE LA	····	4.4 CITY-S	r-ziP	HIXSON, TN 37343	3		
TITLE		☐ DELETE	5.1 TITLE	-	•	Chang	e C Addition	
NAME	<u> </u>		5.2 NAME		•			
STREET ADDRESS			5.3 STREE	TADORESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE		_	Chang	je 🗌 Addition	
NAME			6.2 NAME]				
STREET ADDRESS			6.3 STREE	TADDRESS				
CITY-ST-7iP			6.4 CRY-8	T-ZIP				

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 annual report or supplemental annual 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 12 or Block 13 if changed, great an effect 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 12 or Block 13 if changed, great an effect of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in

SIGNATURE: