FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49014 **(6)**

1. Corporation Name

FAMILY BIBLE CHURCH, INC.

Principal Place of Business	Mailing Address
31150 INDUSTRY DRIVE TAVARES FL 3278 US	31150 INDUSTRY DRIVE TAVARES FL 32778 US

3. Date Incorporated or Qualified: 05/15/1992
3a. Date of Last Report: 08/10/1995

2. Principal Place of Business
21 1 NORTH PRESCOTT ST.
22 Suite, Apt. #, etc.
23 City & State: EUSTIS, FL
24 Zip: 32726 25 Country: USA

2a. Mailing Address
26 P. O. BOX 840
27 Suite, Apt. #, etc.
28 City & State: EUSTIS, FL
29 Zip: 32727 30 Country: USA

4. FEI Number: 59-3126530 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SPEEGLE, ALLEN
31150 INDUSTRY DRIVE
TAVARES FL 32778

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1 NORTH PRESCOTT ST.
83
84 City: EUSTIS, 85 FL Zip Code: 32726

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	SPEEGLE, ALLEN		1.2 NAME		
STREET ADDRESS	31150 INDUSTRY DRIVE		1.3 STREET ADDRESS	1 NORTH PRESCOTT ST.	
CITY-ST-ZIP	TAVARES FL		1.4 CITY-ST-ZIP	EUSTIS, FL 32726	
TITLE	DTS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FRERKING, DAVID		2.2 NAME		
STREET ADDRESS	30825 CYPRESS DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAVARES FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RIGGAN, JACK		3.2 NAME		
STREET ADDRESS	1222 N. ALEXANDER ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MT. DORA FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or on an attachment with an address.

SIGNATURE: ✓ _____ ALLEN SPEEGLE, PRES/DIR 3/13/96 (352) 589-1105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #