2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2004 8:00 am
Secretary of State
08-06-2004 90001 035 ****70.00

DOCUMENT # N49014

1. Entity Name
FAMILY BIBLE CHURCH, INC.

54067115

Principal Place of Business	Mailing Address
1 NORTH PRESCOTT ST. EUSTIS, FL 32726 US	P.O. BOX 840 EUSTIS, FL 32727 US

07062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

6. Name and Address of Current Registered Agent

SPEEGLE, ALLEN
1 NORTH PRESCOTT ST.
EUSTIS, FL 32726

DO NOT WRITE IN THIS SPACE

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 September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SPEEGLE, ALLEN
STREET ADDRESS	1 NORTH PRESCOTT ST.
CITY-ST-ZIP	EUSTIS, FL 32726
TITLE	DTS
NAME	FRERKING, DAVID
STREET ADDRESS	30825 CYPRESS DR.
CITY-ST-ZIP	TAVARES, FL 32778
TITLE	VD
NAME	RIGGAN, JACK
STREET ADDRESS	714 N TREMAIN STREET
CITY-ST-ZIP	MT. DORA, FL 32757
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Linda C. Parrish 8/2/04 352-589-1105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #