

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 06, 2008  
Secretary of State**

DOCUMENT# N49014

Entity Name: FAMILY BIBLE CHURCH, INC.

**Current Principal Place of Business:**

1 NORTH PRESCOTT ST.  
EUSTIS, FL 32726 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 840  
EUSTIS, FL 32727 US

**New Mailing Address:**

FEI Number: 59-3126530      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SPEEGLE, ALLEN  
Address: 1 NORTH PRESCOTT ST.  
City-St-Zip: EUSTIS, FL 32726

Title: DTS ( ) Delete  
Name: FRERKING, DAVID,  
Address: 30825 CYPRESS DR.  
City-St-Zip: TAVARES, FL 32778

Title: VD ( ) Delete  
Name: RIGGAN, JACK,  
Address: 714 N TREMAIN STREET  
City-St-Zip: MT. DORA, FL 32757

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLEN F. SPEEGLE

PD

05/06/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date