

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90047 013 ****61.25

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DOCUMENT # N92000000261

1. Corporation Name

THE INTERNATIONAL CASSETTE BIBLE INSTITUTE INC.

Principal Place of Business

4921 SOUTHFORK DR
SUITE 1
LAKELAND FL 33813
US

Mailing Address

4921 SOUTHFORK DR
SUITE 1
LAKELAND FL 33813
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

11/09/1992

4. FEI Number

59-3161585

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

9. Name and Address of Current Registered Agent

ANDERSSON, SUNE
4607 KIMBALL CT W
LAKELAND FL 33813

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD
NAME HOHLER, TRISTAN
STREET ADDRESS 450-38TH AVE
CITY-ST-ZIP VERO BEACH FL 32968

☐ DELETE

TITLE PD
NAME RAKES, ELWOOD
STREET ADDRESS 2408 ROSLYN LANE
CITY-ST-ZIP LAKELAND FL 33813

☐ DELETE

TITLE D
NAME ANDERSSON, SUNE
STREET ADDRESS 4607 KIMBALL CT W
CITY-ST-ZIP LAKELAND FL 33813

☐ DELETE

TITLE TD
NAME ANDERSSON, ELIN
STREET ADDRESS 4607 KIMBALL CT W
CITY-ST-ZIP LAKELAND FL 33813

☐ DELETE

TITLE SD
NAME GUSTAFSON, WILHELM
STREET ADDRESS 2760 1ST STREET
CITY-ST-ZIP VERO BEACH FL 32968

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President/Director ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE VicePresident/Director ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE International Director ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Secretary/Director ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Treasurer/Director ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 19, 1999 (941) 647-9290

Date

Daytime Phone #

CR2E037 (11/98)