

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90093 015 \*\*\*\*61.25

**DOCUMENT # N92000000261**

1. Entity Name

**THE INTERNATIONAL CASSETTE BIBLE INSTITUTE INC.**



Principal Place of Business

**4404 S. FLORIDA AVE.  
SUITE 14  
LAKELAND FL 33813-2124  
US**

Mailing Address

**4404 S. FLORIDA AVE.  
SUITE 14  
LAKELAND FL 33813-2124  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3161585**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ANDERSSON, SUNE  
4607 KIMBALL CT W  
LAKELAND FL 33813**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	HOHLER, TRISTAN	
STREET ADDRESS	450-38TH AVE	
CITY-ST-ZIP	VERO BEACH FL 32968	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RAKES, ELWOOD	
STREET ADDRESS	2408 ROSLYN LANE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	ID	<input type="checkbox"/> Delete
NAME	ANDERSSON, SUNE	
STREET ADDRESS	4607 KIMBALL CT W	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	ESTD	<input type="checkbox"/> Delete
NAME	ANDERSSON, ELIN	
STREET ADDRESS	4607 KIMBALL CT W	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	GUSTAFSON, WILHELM	
STREET ADDRESS	2760 1ST STREET	
CITY-ST-ZIP	VERO BEACH FL 32968	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	45 Woodland Dr, #203
CITY-ST-ZIP	VERO BEACH, FL 32962
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Sune K. Andersson* **SUNE K. ANDERSSON** 3-10-03 863-647-9290

CR2E037 (10/02)