

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

50 APR 28 PM 7:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000000341 (8)

1. Corporation Name

CHILDREN'S BIBLE CLINICS, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/20/1993

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0416662

Applied For
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VILLEGAS, HENRY A
5519 55TH WAY
WEST PALM BEACH FL 33409**

01 Name

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

03

04 City

05 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when renewing)

4/22/95
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**

NAME **VILLEGAS, HENRY A MD**

STREET ADDRESS **5519 55TH WAY**

CITY - ST - ZIP **WEST PALM BEACH FL**

TITLE **TD**

NAME **RODRIGUEZ, ARNOLDO REV.**

STREET ADDRESS **13517 LAMIRADA CIRCLE**

CITY - ST - ZIP **WELLINGTON FL**

TITLE **VD**

NAME **HOBBS, WILLIAM**

STREET ADDRESS **2400 WARE DRIVE**

CITY - ST - ZIP **WEST PALM BEACH FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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:

Henry A. Villegas
Signature and typed or printed name of signing officer or director

4/24/95
Date

407-697-9848
Daytime Phone #