

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003183

FILED
Feb 28, 2009
Secretary of State

Entity Name: BIBLICAL HERITAGE INSTITUTE FOR THE BEHAVIORAL SCIENCES, INC.

Current Principal Place of Business:

4910 14TH ST. W.
SUITE 310
BRADENTON, FL 34207 US

New Principal Place of Business:

4608 ORLANDO CIRCLE
BRADENTON, FL 34207 US

Current Mailing Address:

4608 ORLANDO CIRCLE
BRADENTON, FL 34207 US

New Mailing Address:

FEI Number: 65-0472921 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BURROUGHS, S D
4608 ORLANDO CIRCLE
BRADENTON, FL 34207 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: PTD () Delete
Name: BURROUGHS, S D
Address: 4608 ORLANDO CIRCLE
City-St-Zip: BRADENTON, FL 34207

Title: VD () Delete
Name: DICKERSON, JOSEPH MR.
Address: 5702 W. MILEY ROAD
City-St-Zip: PLANT CITY, FL 33565

Title: VD () Delete
Name: HENSLEY, SCOTT
Address: 517 DEAN DRIVE
City-St-Zip: DENISON, TX 75020

Title: SD () Delete
Name: BURROUGHS, MARY S MRS.
Address: 4608 ORLANDO CIRCLE
City-St-Zip: BRADENTON, FL 34207

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:

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: S. D. BURROUGHS

PTD

02/28/2009

Electronic Signature of Signing Officer or Director

Date