2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State
03-04-2000 90010 042 ****61.25

DOCUMENT # N93000004267

1. Entity Name

NATIONAL BIBLE COLLEGE, INC.

Principal Place of Business	Mailing Address
2517 NE 9 AVE FT LAUDERDALE FL 33305	2517 NE 9 AVE FT LAUDERDALE FL 33309-3815

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4701 N.W. 11th Ave.	4701 N.W. 11th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Lauderdale FL.	City & State: Fort Lauderdale, FL.
Zip: 33309 Country: USA	Zip: 33309 Country: USA

4. FEI Number: 59-2334289 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SELLERS, C. NORMAN ~~2517 NE 9 AVE~~ 4701 N.W. 11th AVE. FT LAUDERDALE FL 33309 Address change — sorry →	Name: C. NORMAN SELLERS Street Address (P.O. Box Number is Not Acceptable): 4701 N.W. 11th Ave. City: Fort Lauderdale, FL FL Zip Code: 33309

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.

SIGNATURE: C. NORMAN SELLERS C. Norman Sellers 2-29-00
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 Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LYONS WILLIAM K 2517 NE 9TH AVE FT LAUDERDALE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PIPPING BRIAN 2517 NE 9TH AVE FT LAUDERDALE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SELLERS C NORMAN GENERAL DELIVERY FT LAUDERDALE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BD THOMAS DAVID 2517 NE 9TH AVE FT LAUDERDALE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YOUNG NORMAN 2517 NE 9TH AVE FT LAUDERDALE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: C. Norman Sellers REQUIRED C. NORMAN SELLERS 2-29-00 954-776-0203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #