2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005
Secretary of State

DOCUMENT# N93000004267

Entity Name: NATIONAL BIBLE COLLEGE, INC.

Current Principal Place of Business:

4701 NW 11TH AVE
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

4701 NW 11TH AVE
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 59-2334289 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SELLERS, C. NORMAN
4701 NW 11TH AVE
FT LAUDERDALE, FL 33305 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: TD ( ) Delete
Name: LYONS WILLIAM K,
Address: 4701 NW 9TH AVE
City-St-Zip: FT LAUDERDALE, FL

Title: CD ( ) Delete
Name: PIPPING BRIAN,
Address: 4701 NW 9TH AVE
City-St-Zip: FT LAUDERDALE, FL

Title: SD ( ) Delete
Name: SELLERS C NORMAN,
Address: 4701 NNW 9TH AVE
City-St-Zip: FT LAUDERDALE, FL

Title: D ( ) Delete
Name: THOMAS DAVID,
Address: 4701 NW 9TH AVE
City-St-Zip: FT LAUDERDALE, FL

Title: D ( ) Delete
Name: YOUNG NORMAN,
Address: 4701 NW 9TH AVE
City-St-Zip: FT LAUDERDALE, FL

Title: SD ( ) Delete
Name: MELLONY, SELLERS
Address: 4701 NW 9TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33309

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:

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 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 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: C. NORMAN SELLERS SD 04/13/2005

Electronic Signature of Signing Officer or Director — Date