2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004267

Entity Name: NATIONAL BIBLE COLLEGE, INC.

FILED Jan 09, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4701 NW 11TH AVE FORT LAUDERDALE, FL 33309 **Current Mailing Address: New Mailing Address:** 4701 NW 11TH AVE FORT LAUDERDALE, FL 33309 FEI Number: 65-0541757 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SELLERS, C. NORMAN SELLERS, C. NORMAN 4701 NW 11TH AVE 4701 NW 11TH AVE FT LAUDERDALE, FL 33305 US FT LAUDERDALE, FL 33309 US 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: 01/09/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LYONS WILLIAM K, Name: Name: 4701 NW 9TH AVE Address: Address: City-St-Zip: FT LAUDERDALE, FL City-St-Zip: Title: CD Title: () Delete () Change () Addition PIPPING BRIAN, Name: Name: Address: 4701 NW 9TH AVE Address: City-St-Zip: FT LAUDERDALE, FL City-St-Zip: Title: () Delete Title: () Change () Addition SELLERS C NORMAN, Name: Name: 4701 NNW 9TH AVE Address: Address: City-St-Zip: FT LAUDERDALE, FL City-St-Zip: Title: () Delete Title: () Change () Addition Name: THOMAS DAVID, Name: Address: 4701 NW 9TH AVE Address: City-St-Zip: FT LAUDERDALE, FL City-St-Zip: Title: () Delete Title: () Change () Addition YOUNG NORMAN, Name: Name: 4701 NW 9TH AVE Address: Address: City-St-Zip: FT LAUDERDALE, FL City-St-Zip: Title: () Delete Title: () Change () Addition MELLONY, SELLERS Name: Name: Address: 4701 NW 9TH AVE Address: FORT LAUDERDALE, FL 33309 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: C. NORMAN SELLERS	D	01/09/2007
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