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2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N93000004267

1. Entity Name

NATIONAL BIBLE COLLEGE, INC.



Principal Place of Business Mailing Address 4701 NW 11TH AVE 4701 NW 11TH AVE FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEi Number 59-2334289 Applied For Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name water the second second SELLERS, C. NORMAN Street Address (P.O. Box Number is Not Acceptable) 4701 NW 11TH AVE FT LAUDERDALE FL 33305 Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition LYONS WILLIAM K NAME NAME STREET ADDRESS 4701 NW 9TH AVE STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP CD TITLE ☐ Delete TITLE Change ☐ Addition PIPPING BRIAN NAME NAME STREET ADDRESS 4701 NW 9TH AVE STREET ADDRESS C(TY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition SELLERS C NORMAN NAME NAME STREET ADDRESS **4701 NNW 9TH AVE** STREET ADDRESS CITY-ST-7IP FT LAUDERDALE FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME THOMAS DAVID NAME STREET ADDRESS 4701 NW 9TH AVE STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition YOUNG NORMAN NAME NAME STREET ADDRESS 4701 NW 9TH AVE STREET ADDRESS CITY-ST-7IP FT LAUDERDALE FL CITY-ST-ZIP SD TITLE ☐ Delete TITLE ☐ Change ☐ Addition MELLONY, SELLERS NAME NAME STREET ADDRESS 4701 NW 9TH AVE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33309 CITY-ST-ZIP

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

ICANORMAN SELLEZS Jan. 14,2003 SIGNATURE: