


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90036 042 ****61.25

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1. Entity Name
VISION CHRISTIAN BIBLE COLLEGE, INC.



Principal Place of Business
**14329 PINE CONE TRAIL
 CLERMONT, FL 34711**

Mailing Address
**PO BOX 121064
 CLERMONT, FL 34712**

2. Principal Place of Business
 Suite, Apt. #, etc.


3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



03092004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3219498

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GARBER, JAN L
 14329 PINE CONE TRAIL
 CLERMONT, FL 34711**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GARBER, JAN L	
STREET ADDRESS	14329 PINE CONE TRAIL	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLMAN, WILLIAM	
STREET ADDRESS	610 E. 8TH	
CITY-ST-ZIP	MERRILL, WI 54452	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRALAND, DAVID	
STREET ADDRESS	221 S. BOYD ST.	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHAFER, BOBBIE	
STREET ADDRESS	14329 PINE CONE TRAIL	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHAFER, MEL	
STREET ADDRESS	14329 PINE CONE TRAIL	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARBER, CAROLINE S	
STREET ADDRESS	14329 PINE CONE TRAIL	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHETRO, Kerry	
STREET ADDRESS	680 Park Valley Circle	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: Jan L Garber **JAN L Garber** 3/9/04 352-243-2297

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #