2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001775

JONES, GAIRY

P.O. BOX 721253

ORLANDO, FL 32872 OR

Name:

Address:

City-St-Zip:

CROSSLAND CHRISTIAN BIBLE COLLEGE T

FILED May 03, 2004 Secretary of State

Entity Nar	ne: CROSSL	AND CHRISTIAN BIBLE COLL	.EGE, INC.			
Current Principal Place of Business:			New Pr	New Principal Place of Business:		
1025 SOUTH SEMORAN BLVD. BLDG. 1 SUITE 115 WINTER PARK, FL 32792			900 SO. CHICKASAW TRAIL ORLANDO, FL 32825 US			
Current Mailing Address:			New Ma	New Mailing Address:		
	(ASAW TR. S D, FL 32825	OUTH US				
FEI Number:	59-3392299	FEI Number Applied For ()	FEI Number Not A	Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
	D, JOYCE KASAW TR. S D, FL 32825	OUTH US				
	named entity e of Florida.	submits this statement for the p	ourpose of changir	ng its registe	ered office or registered agent, or both,	
SIGNATUR	RE:					
Electronic Signature of Registered Agent				Date		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	D (CHAMBERS, K 8121 PUFFIN I ORLANDO, FL	DRIVE	Title: Name: Address: City-St-Zi	p:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (BULLARD, MIL 6006 DANABE ORLANDO, FL	WAY	Title: Name: Address: City-St-Zi	p :	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (SEXTON, WILL 3134 WOODH/ ORLANDO, FL	AFF DRIVE	Title: Name: Address: City-St-Zi	p:	() Change () Addition	
Title:	D () Delete	Title:	D	(X) Change () Addition	

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.

Name:

Address:

City-St-Zip:

BALDRIDGE, ORVILLE

CASSELBERRY, FL 32707 US

1154 GALAHAD DR

SIGNATURE: JOYCE A WOLFORD PRES 05/03/2004