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NONPROFIT CORPORATION ANNUAL REPORT

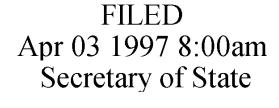


FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997



1. Corporatio	MENI# N9400 0							
BIBLELINE, INC.								
Principal Plac	e of Business	Mailing Address				1 4 9 11 1 4 8 1 1 4 9 1		
809 PERIMETER PARK CIRCLE SAINT AUGUSTINE FL 32095		P.O. BOX 860097 SAINT AUGUSTINE FL 32086-0097						
					3. Date Incorporated or Qualified 04/12/1994	3a. D	ate of Last R 04/24/199	eport
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number			plied For
21		26			59-3235247	·		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 /	Additional equired
City & Stat	e	City & State			6. Election Campaign Financing	· · · · · · · · · · · · · · · · · · ·	\$5.00	
23		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Countr	ry	8. This corporation has liability for		tax under s	. 199.032,
24	25 9. Name and Address of Curren	29 nt Registered Agent	30		Florida Statutes 10. Name and Address of New F			
			81	Name				
KRONICK, JAMES A 809 PERIMETER PARK CIRCLE ST AUGUSTINE FL 32095			82	2 Street Add	dress (P.O. Box Number is Not Accept	able)		
			 83	<u> </u>				
ST AUG	USTINE PL 32093						·	
			84	4 City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statu	ites, the above	ve-named co	rporation submits this statement for the	purpose o	f changing if	tagistered
11. Pursuant office or ragent. I a	to the provisions of Sections 617.050 registered agont, or both, in the State im familiar, buth, and accept the oblig-	2 and 617.1508, Florida Statu of Florida. Such change was ations of Section 617.0503, F	ites, the above authorized b lorida Statute	ve-named co by the corpora es.	rporation submits this statement for the ation's board of directors. I hereby acc	purpose o ept the app	f changing if	ts registered registered
office or r agent. I a	registered agent, or both, in the State im familiar with and accept the oblig-	of Florida, Such change was ations of Section 617.0503, F	authorized b lorida Statute	by the corporates.	ation's board of directors. I hereby acc	ept the app	f changing if	ts registered registered
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office or ragent. I a SIGNATURE 12. HILE NAME STREET ADDRESS	PSTD KRONICK, JAMES A 809 PERIMETER PARK CIRCLE	of Florida. Such change was ations of Section 617.0503, Figure 1 (NC D DIRECTORS DELETE	authorized bilorida Statute TE Registered As 13. 1.1 TITLE 1.2 NAME	gent signature req	ation's board of directors. I hereby acc	ept the app	D DIRECTOR	registered
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