

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF REVENUE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000000795 (3)  
1. Corporation Name

FOUNDATIONS FOR BIBLICAL LEADERSHIP, INC.



Principal Place of Business

1928 CRANE CT.  
JACKSONVILLE FL 32259

Mailing Address

1928 CRANE CT.  
JACKSONVILLE FL 32259

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

KRUG, MARC J  
1928 CRANE CT.  
JACKSONVILLE FL 32259

3. Date Incorporated or Qualified

02/16/1995

3a. Date of Last Report

4. FEI Number

59-3304064

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Marc J. Krug*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-9-96

12. OFFICERS AND DIRECTORS

TITLE D  
NAME KRUG, MARC J  
STREET ADDRESS 1928 CRANE CT.  
CITY-STATE-ZIP JACKSONVILLE FL 32259

TITLE D  
NAME TOOLE, ALBERT J III  
STREET ADDRESS 3824 BETTES CIRCLE  
CITY-STATE-ZIP JACKSONVILLE FL 32210

TITLE D  
NAME LUSK, TIMOTHY J  
STREET ADDRESS 710 WINFRED DR. NORTH  
CITY-STATE-ZIP ORANGE PARK FL 32073

TITLE D  
NAME Krug, Jon  
STREET ADDRESS 1928 Crane Court  
CITY-STATE-ZIP Jacksonville, FL 32259

TITLE D  
NAME Chupp, Charles  
STREET ADDRESS 8652 Cathedral Oaks Pl. W.  
CITY-STATE-ZIP Jacksonville, FL 32217

TITLE D  
NAME Rainnie, Ward  
STREET ADDRESS 4304 Falling Leaf Ct.  
CITY-STATE-ZIP Jacksonville, FL 32258

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE C  
12 NAME Krug, Marc J  
13 STREET ADDRESS 1928 Crane Ct.  
14 CITY-STATE-ZIP Jacksonville, FL 32259

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

*Marc J. Krug*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

Additional Directors:

D

Scherer, John  
1142 Molokai Road  
Jacksonville, FL 32216

D

Thompson, Chris  
4233 Shelly Lane  
Lake Charles, LA 70605

D

Toole, Albert  
3824 Betts Cr.  
Jacksonville, FL 32210

D

Turner, Thomas  
3999 Chicora Wood Place  
Jacksonville, FL 32224