

FILE NOW: FILING FEE IS \$61.25

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Jan 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32259-2959
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/16/1995	3a. Date of Last Report 02/16/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3304064	Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	Zip 29	Country 30
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

KRUG, MARC J
1928 CRANE CT.
JACKSONVILLE FL 32259

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRUG, MARC J	1.2 NAME	BRENT, JOHN
STREET ADDRESS	1928 CRANE CT.	1.3 STREET ADDRESS	1928 Morningside St.
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, FL 32205
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOOLE, ALBERT J III	2.2 NAME	SCHERER, JOHN
STREET ADDRESS	3824 BETTES CIRCLE	2.3 STREET ADDRESS	1142 Molokai Road
CITY-ST-ZIP	JACKSONVILLE FL 32210	2.4 CITY-ST-ZIP	Jacksonville, FL 32216
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUSK, TIMOTHY J	3.2 NAME	TURNER, THOMAS C.
STREET ADDRESS	710 WINFRED DR. NORTH	3.3 STREET ADDRESS	3999 Chicora Wood Place
CITY-ST-ZIP	ORANGE PARK FL 32073	3.4 CITY-ST-ZIP	Jacksonville, FL 32224
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRUG, JON	4.2 NAME	ULLUM, THOMAS
STREET ADDRESS	1928 CRANE COURT	4.3 STREET ADDRESS	1880 Melrose Plantation Dr.
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville, FL 32223
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHUPP, CHARLES	5.2 NAME	KRUG, COIT
STREET ADDRESS	8562 CATHEDRAL OAKS PLACE WEST	5.3 STREET ADDRESS	1614 Grove Ave., Apt. #16
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	Richmond, VA 23220
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAINIE, WARD	6.2 NAME	THOMPSON, CHRIS
STREET ADDRESS	4304 FALLING LEAF COURT	6.3 STREET ADDRESS	4533 Shelly Lane
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	Lake Charles, La 70605

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(b), Florida Statutes. I do hereby 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 1-11-97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0007081

CR2E037 (9/96)