

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

98 NOV -5 PM 3:13

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N95000004638 (1)

1. Corporation Name

BIBLE THEATRE INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

3591 NW 9TH AVENUE
 FT. LAUDERDALE FL 33309

441 SO. STATE ROAD 7
 SUITE 4
 NO. FT. LAUDERDALE FL 33068

3. Date Incorporated or Qualified

09/29/1995

4. FEI Number

65-0418934

Applied For

Not Applicable

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

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

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

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

BANKS, MARY
 9752 SW 1ST ST.
 PLANTATION FL 33324

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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BANKS, SYLVESTER JR	
STREET ADDRESS	4301 NW 6TH COURT	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	JONES, RENITA A	
STREET ADDRESS	5428 NW 27TH STREET	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	Vice-President	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, CYNTHIA	
STREET ADDRESS	4301 NW 6TH COURT	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	President	<input type="checkbox"/> DELETE
NAME	BANKS, MARY	
STREET ADDRESS	9752 S.W. 1ST STREET	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Tanya Thomas	
STREET ADDRESS	705 Gardens Dr. #204	
CITY-ST-ZIP	Dunpano Beach, FL. 33069	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Pamela Wendel	
STREET ADDRESS	161 N.W. 35 Street	
CITY-ST-ZIP	Oakland Park, FL. 33099	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	500002684885--8
1.4 CITY-ST-ZIP	-11/10/98--01085--021
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	*****61.25 *****61.25
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Treasurer
3.3 STREET ADDRESS	CYNTHIA THOMAS
3.4 CITY-ST-ZIP	1041 Park Creek Circle
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LAWRENCEVILLE, GA. 30044
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Mary Banks* Date: 8/25/98 Daytime Phone #: (954) 912-3200

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