

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

10f2

<b>DOCUMENT # N95000005250</b> 1. Entity Name <b>BIBLE FOUNDATIONS CENTER MISSION, INC.</b>						<b>FILED</b> <b>05 OCT 20 PM 2:17</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>1532 DOMAS COURT</b> <b>JACKSONVILLE, FL 32211</b>				Mailing Address <b>1532 DOMAS COURT</b> <b>JACKSONVILLE, FL 32211</b>			
2. Principal Place of Business		3. Mailing Address		 <b>REINSTATEMENT</b> (6/04) <b>05</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number <b>59-3363551</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>BROOKS, DOUGLAS B DR</b> <b>1532 DOMAS COURT</b> <b>JACKSONVILLE, FL 32211</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <u><i>Dr. Douglas B. Brooks</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$61.25</b>  <b>After January 1, 2006, Fee will be \$122.50</b> </div> <div>           In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.         </div> <div> <b>Make check payable to</b>  <b>Florida Department of State</b> </div> </div>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>BROOKS, DOUGLAS B DR</b> <b>1532 DOMAS CT.</b> <b>JACKSONVILLE, FL 32211</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> <b>500060457155</b>  <b>10/10/05--01072--019 **70.00</b> </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPD</b> <b>BROOKS, JANINE A</b> <b>1532 DOMAS COURT</b> <b>JACKSONVILLE, FL 32211</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD</b> <b>KNIGHT, ELWIN T</b> <b>4512 MELVIN CR E</b> <b>JACKSONVILLE, FL 32210</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dr. Douglas B. Brooks*

B. Mitchell OCT 25 2005

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To:

**Florida Department of State**

secretary of state

Glenda e. Hood

**DIVISION OF CORPORATIONS**

**P.O. BOX 6327**

**Tallahassee, FL 32314**

To whom it may concern:

I did not receive any notice of expiration and then my health failed while I was in Washington State. I went to my Mother-in-laws' Memorial on August 11th in Washington State. The second day I was there I got very, very sick and was ambulated to the closest hospital in Olympia WA. I then spent the next 2 ½ months regaining my health so that I could fly back to Florida.

And as I said that I did not received any renewal notice of any kind. Here is the \$70.00 for my BIBLE FOUNDATIONS CENTER MISSION, INC.and for the Not-For Profit Corp. Also the \$8.75 for Certificate of status desired. \$ 70.00

It would have been on time as usual had I received the notice had I receive it. As I said I had a stroke and a Heart attack in another State.

My Document # N95000005250

My F.E.I. # is: 59 - 3363551

Sincerely,

President of Bible Foundations Center Mission, Inc.

Dr. Douglas B. Brooks, D.MIN.

1532 DOMAS CT

JACKSONVILLE FL 32211

904-743-1321

FAX. 904-743-1321

E-mail: dbbjab@highstream.net

