2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005250

FILED Jan 05, 2007 Secretary of State

Entity Name: BIBLE FOUNDATIONS CENTER MISSION, INC.

Current Principal Place of Business:

1016 GIRVIN RD
JACKSONVILLE, FL 32225

Current Mailing Address: New Mailing Address:

P O BOX 8068 JACKSONVILLE, FL 322398068

FEI Number: 59-3363551 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VIVONI, JOFFRE P DR 1016 GIRVIN RD JACKSONVILLE, FL 32225 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition
Name: BROOKS, DOUGLAS B DR Name: VIVONI, JOFFRE P DR
Address: 1532 DOMAS CT. Address: 6134 SHETLAND RD

City-St-Zip: JACKSONVILLE, FL 32211 US City-St-Zip: JACKSONVILLE, FL 32277 US

Title: VPD () Delete Title: M (X) Change () Addition
Name: BROOKS, JANINE A
Address: 1532 DOMAS COURT BROOKS, JANINE A
Address: 1532 DOMAS COURT

Address: 1332 DOMAS COORT Address: 1332 DOMAS COORT City-St-Zip: JACKSONVILLE, FL 32211 US

Title: TD () Delete Title: V (X) Change () Addition
Name: KNIGHT, ELWIN T Name: KNIGHT, ELWIN T

 Address:
 4512 MELVIN CR E
 Address:
 4512 MELVIN CR E

 City-St-Zip:
 JACKSONVILLE, FL 32210
 City-St-Zip:
 JACKSONVILLE, FL 32210 US

Title: D () Delete Title: S (X) Change () Addition

Name: DOLLAR II, LINWOOD C REV Name: VIVONI, ELIA E DR
Address: 650 SATTERFIELD RD. Address: 6134 SHETLAND RD

City-St-Zip: HURDLE MILLS, NC 27541 US City-St-Zip: JACKSONVILLE, FL 32277 US

Title: () Delete Title: M () Change (X) Addition

 Name:
 Name:
 OLZESKI, PAUL J

 Address:
 Address:
 701 LAKEWOOD DR

 City-St-Zip:
 City-St-Zip:
 TAYLOR MILL, KY 41015 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOFFRE P VIVONI P 01/05/2007