2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# N95000005250

Entity Name: BIBLE FOUNDATIONS CENTER MISSION, INC.

Current Principal Place of Business:

1016 GIRVIN RD
JACKSONVILLE, FL 32225

New Principal Place of Business:

1016 GIRVIN RD
JACKSONVILLE, FL 32225 US

Current Mailing Address:

P O BOX 8068
JACKSONVILLE, FL 322398068

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: P ( ) Delete
Name: VIVONI, JOFFRE P DR
Address: 6134 SHETLAND RD
City-St-Zip: JACKSONVILLE, FL 32277 US

Title: M ( ) Delete
Name: BROOKS, JANINE A
Address: 1532 DOMAS COURT
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: M ( ) Delete
Name: KNIGHT, ELWIN T
Address: 4512 MELVIN CR E
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: SV ( ) Delete
Name: VIVONI, ELIA E DR
Address: 6134 SHETLAND RD
City-St-Zip: JACKSONVILLE, FL 32277 US

Title: M (X) Delete
Name: OLZESKI, PAUL J
Address: 701 LAKEWOOD DR
City-St-Zip: TAYLOR MILL, KY 41015 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: M (X) Change ( ) Addition
Name: OLZEKI, PAUL J DR
Address: 701 LAKEWOOD DR
City-St-Zip: TAYLOR MILL, KY 41015 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 VIVONI P 01/29/2009
Electronic Signature of Signing Officer or Director — Date