2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2004 8:00 am Secretary of State

 ANNUAL REP	ORT	

04-23-2004 90250 033 ****61 25 DOCUMENT # N96000003358 1. Entity Name FILM THE BIBLE, INC. Principal Place of Business Mailing Address 24052668 8100 N UNIVERSITY DR 8100 N UNIVERSITY DR **UNIT 103 UNIT 103** FORT LAUDERDALE, FL 33321 FORT LAUDERDALE, FL 33321 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202004 Cha-NP CR2E037 (10/03) City & State City & State 4. FEI Number Applied For 65-0687513 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DONOHO, TIM 1075 HILLSBORO MILE Street Address (P.O. Box Number is Not Acceptable) HILLSBORO BEACH, FL 33062 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS - C/D TITLE ☐ Delete TITLE Vigilante Janet A. 213 NW 60 Ave DONOHO, TIM M NAME NAME STREET ADDRESS 1075 HILLSBORO MILE STREET ADDRESS Margate FL HILLSBORO BEACH, FL 33062 CITY-ST-ZIP CITY-ST-ZIP 33063-5170 ☐ Change TITLE D ☐ Delete TIFLE DONOHO, DEBORAH NAME NAME STREET ADDRESS 1075 HILLSBORO MILE STREET ADDRESS HILLSBORO BEACH, FL 33062 CITY-ST-7IP CiTY-SI-ZIP MD P/D ☐ Delete TITLE TITLE RUTHERFORD, DAVID NAME NAME 8100 NO UNIVERSITY DR SUITE 103 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMARAC, FL 33321 CITY-ST-ZIP ■ Addition ☐ Change TITLE s/*D*) ☐ Delete TITLE KRIEGER, DEBBIE DR. NAME NAME 4240 GALT OCEAN DR #903 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE, FL 333086182 CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition Delete TITLE TITLE JÓHNSON, TIMOTHY R NAME NAME STREET ADDRESS STREET ADDRESS 1123 SW 25 AVE CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH, FL 334426008 ☐ Addition Change TITLE ☐ Delete TITLE MONAMARA, JOHN E Mc Namara NAME NAME STREET ADDRESS 2388 KANE LANE STREET ADDRESS BATAVIA, IL 605108981 CITY-ST-ZIP CITY-ST-ZIP 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 regement of 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. David A. Rutherford SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO