

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2003 8:00 am**  
**Secretary of State**

07-17-2003 90026 027 \*\*\*\*61.25

**DOCUMENT # N96000003358**

1. Entity Name

**FILM THE BIBLE, INC.**



Principal Place of Business

Mailing Address

**8100 N UNIVERSITY DR  
UNIT 103  
FORT LAUDERDALE FL 33321  
US**

**8100 N UNIVERSITY DR  
UNIT 103  
FORT LAUDERDALE FL 33321  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0687513**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DONOH, TIM  
1075 HILLSBORO MILE  
HILLSBORO BEACH FL 33062**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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)

DATE

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	DONOH, TIM M	
STREET ADDRESS	1075 HILLSBORO MILE	
CITY-ST-ZIP	HILLSBORO BEACH FL 33062	
TITLE	D	<input type="checkbox"/> Delete
NAME	DONOH, DEBORAH	
STREET ADDRESS	1075 HILLSBORO MILE	
CITY-ST-ZIP	HILLSBORO BEACH FL 33062	
TITLE	MD	<input type="checkbox"/> Delete
NAME	RUTHERFORD, DAVID	
STREET ADDRESS	8100 NO UNIVERSITY DR SUITE 103	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	DORAN, BILL	
STREET ADDRESS	9604 NW 43 COURT	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dr. Debbie Krieger	
STREET ADDRESS	4240 Galt Ocean Dr #903	
CITY-ST-ZIP	Ft. Lauderdale FL 33308-6182	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Timothy R. Johnson	
STREET ADDRESS	1123 SW 25 Ave	
CITY-ST-ZIP	Deerfield Beach FL 33442-6008	
TITLE	D-Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John E. McNamara	
STREET ADDRESS	2388 Kane Lane	
CITY-ST-ZIP	Batavia IL 60510-8981	
TITLE	D-Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Janet Vigilante	
STREET ADDRESS	213 NW 60 Ave	
CITY-ST-ZIP	Margate FL 33063-5170	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

**SIGNATURE REQUIRED**

**David Rutherford**

**954-727-8121**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)