


~~2005~~ **NOT-FOR-PROFIT CORPORATION**  
**2006 ANNUAL REPORT (AR)**

**DOCUMENT # N97000000241**  
 1. Entity Name  
 HOLY BIBLE CHURCH, INC.



**FILED**  
 06 APR 14 AM 10:04  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business: 6319 HY 301 SO RIVERVIEW FL 33569  
 Mailing Address: PO BOX 1376 RIVERVIEW FL 33568

2. Principal Place of Business: 6319 Hy. 301. So. RIVERVIEW FL  
 3. Mailing Address: Suite, Apt. #, etc. City & State



First MOORE R2E037 (10/04)  
 4. FEI Number 59-3416910

Zip 33568 Country HILLSBOROUGH  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 TAYLOR, MARCEDAS  
 7224 52ND AVE SOUTH  
 TAMPA FL 33619

7. Name and Address of New Registered Agent  
 Name: TAYLOR MARCEDAS  
 Street Address: 7323 LACEY LN  
 City: HOMOSASSA FL Zip Code: 34448

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005-2006**

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	
TITLE: PD NAME: TAYLOR, ERNEST J STREET ADDRESS: 7224 52ND AVENUE SOUTH CITY-ST-ZIP: TAMPA FL 33619	<input type="checkbox"/> Delete
TITLE: SD NAME: TAYLOR, MARCEDAS STREET ADDRESS: 7224 52ND AVENUE SOUTH CITY-ST-ZIP: TAMPA FL 33619	<input type="checkbox"/> Delete
TITLE: TD NAME: FLINSPAEH, JOSEPH STREET ADDRESS: 7224 52ND AVENUE SOUTH CITY-ST-ZIP: TAMPA FL 33619	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

100073987451  
 05/04/06--01019--003 \*\*70.00

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: Marcedas Taylor MARCEDAS TAYLOR** 4-11-06 813-245-4265  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #