
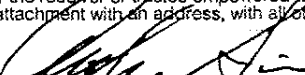


FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000000900 1. Entity Name LIGHT FROM THE BIBLE MINISTRIES, INC.						Feb 06, 2004 08:00 AM Secretary of State	
Principal Place of Business 1410 17TH STREET, S.W. NAPLES FL 34117				Mailing Address 1410 17TH STREET, S.W. NAPLES FL 34117			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent SIMS, ARTHUR 1410 17TH STREET, S.W. NAPLES FL 34117				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY- ST-ZIP	PD SIMS, ARTHUR 1410 17TH STREET, S.W. NAPLES FL 34117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST-ZIP	U00000038727 02/06/04-80148-020 61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY- ST-ZIP	TD SIMS, BETTY JOE 1410 17TH STREET, S.W. NAPLES FL 34117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY- ST-ZIP	SD CHILDS, SHARON 4481 PARROT AVE NAPLES FL 31104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY- ST-ZIP	D FORBES, LAMAR 2350 PRESTON AVENUE SEBRING FL 33872 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY- ST-ZIP	D GIBSON, DEBRA 12833 STILLWOOD DRIVE SAVANNAH GA 32419 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY- ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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:  ARTHUR SIMS, PRES.				Date: 1-30-04 Daytime Phone #: (239) 352-4477			