


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Jan 31, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # N98000000900</b>                                 |  |
| 1. Entity Name<br><b>LIGHT FROM THE BIBLE MINISTRIES, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>1410 17TH STREET, S.W.<br/>NAPLES FL 34117</b> | Mailing Address<br><b>1410 17TH STREET, S.W.<br/>NAPLES FL 34117</b> |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
| City & State  | City & State                              |
| Zip Country   | Zip Country                               |



1st MOORE CR2E037 (10/04)

|   |  |
|---|--|
| 4. FEI Number<br><b>59-3492957</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>                  |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>SIMS, ARTHUR<br/>1410 17TH STREET, S.W.<br/>NAPLES FL 34117</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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<br>Signature, typed or printed name of registered agent and title if applicable | (NOTE: Registered Agent signature required when reinstating)                       | DATE                               |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b>                                    | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b> |
| <b>Make Check Payable to<br/>Florida Department of State</b>                              |  |                                    |

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>SIMS, ARTHUR<br>1410 17TH STREET, S.W.<br>NAPLES FL 34117 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>SIMS, BETTY JOE<br>1410 17TH STREET, S.W.<br>NAPLES FL 34117 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 000000207688 <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>02/01/05-80057-010 61.25 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>CHILDS, SHARON<br>4481 PARROT AVE<br>NAPLES FL 31104 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>FORBES, LAMAR<br>2350 PRESTON AVENUE<br>SEBRING FL 33872 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GIBSON, DEBRA<br>12833 STILLWOOD DRIVE<br>SAVANNAH GA 32419 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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)(f), 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, PRESIDENT** 1-29-05 (239) 352-4477  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #