2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State
01-30-2002 90163 050 ****70.00

DOCUMENT # N98000003207

1. Entity Name

BIBLEWAY INSTITUTIONAL CHURCH, INC.

Principal Place of Business	Mailing Address
4500 W. COLUMBIA ST. ORLANDO FL 32811	P.O. BOX 680549 ORLANDO FL 32868-0549

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
400 North Pine Hills RD.	400 North Pine Hills RD.
Suite, Apt. #, etc.: Suite F	Suite, Apt. #, etc.: Suite F
City & State: Orlando, Florida	City & State: Orlando, Florida
Zip: 32811-1625 Country: USA	Zip: 32811-1625 Country: USA

4. FEI Number: 59-3506710 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DORSEY, LARRY W 3426 PIPES O' THE GLEN WAY ORLANDO FL 32808-3609	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.

SIGNATURE Larry W. Dorsey — January 14, 2002
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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DORSEY, LARRY W PASTOR 3426 PIPES O' THE GLEN WAY ORLANDO FL 32808-3609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD DORSEY, BEULAH C 3426 PIPES O THE GLEN WAY ORLANDO FL 32808-3609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BOWDERY, STARLETHA T 3291 EL SEGUNDO WAY ORLANDO FL 32808	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GLOVER, JACQUELINE M 5126 LESCOT LANE ORLANDO FL 32811	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Beulah C. Dorsey, Secretary — 01/14/02 — 407-293-6353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #