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

FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90392 037 ****61.25

DOCUMENT # N98000003207

1. Entity Name
BIBLEWAY INSTITUTIONAL CHURCH, INC.

Principal Place of Business	Mailing Address
400 NORTH PINE HILLS RD SUITE P ORLANDO FL 32811-1625	400 NORTH PINE HILLS RD SUITE P ORLANDO FL 32811-1625

CHECK HERE IF MAKING CHANGES

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

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 / 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	TD Foster, Starletha B. 4753 North Pine Hills Road, Apt. 102 Orlando, Florida 32808	☒ 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 (10/02)

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: Steven Hurle REQUIRED 4-8-03 407 293 6353