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

## DOCUMENT # **N98000003207**

BIBLEWAY INSTITUTIONAL CHURCH, INC.

|--|--|

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

**FILED** 

Prin	ncipal P	lace o	of Busi	ness
400	NORTH	PINE	HILLS	RD

SUITE P ORLANDO FL 32811-1625 Mailing Address

400 NORTH PINE HILLS RD SHITE P ORLANDO FL 32811-1625

2. Principal Place of Business	3. Mailing Address				
400 North Pine Hills Road	400 North Pine Hills Road				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
Suite E	Suite E Pina Tills Con .				
City & State	City & State				
Orlando Elorida -	Orlanda Elevida				

		3. Mailing Address			i ibiti eetii oriii 64		<b>5.0</b>		
400 North Pine Hills Road 400 North Pine Hil		HILLS RO	pad						
Suite Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
DATCC 11		Suite E Pana Talls Cont.		` .					
City & Stat	te - m3: 3-	City & State			4. FEI Number 59-	3506710		I A	oplied For
Ortando	,-Florida	. Orlando, Flor						N	ot Applicable
3 <b>28</b> 11-1	L625 USA	Zip 32811 <b>-</b> 1625	Country		5. Certificate of Stat	tus Desired		<b>\$8.75</b> Ad	
			USA					Fee Require	ed De
	6. Name and Address of Current I	registered Agent	Name		7. Name and Addre	ess of New Heg	gistered A	gent	
			Ivame						
	, LARRY W		Street A	Address (F	O. Box Number is No	ot Acceptable)			
	es o' the glen way						_		
ORLAND	O FL 32808-3609								
	C & J		City					Zip Coo	10
	<u> </u>		City				FL	Zip 000	
8. The above	e named entity submits this statement for	the purpose of changing its r	registered office o	or registere	ed agent, or both, in th	e State of Florid	da. i am fa	amiliar with,	and accept
the obliga	tions of registered agent.			-					
	4/1 1								
SIGNATURE					····				<u> </u>
14	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signa	ture required	when reinstating)		DATE		{
	EU E NOW, EEE IS \$61.05	9. Election Cam	paign Financing		\$5.00 May Be	Make	e Check	Payable	to
	FILE NOW: FEE IS \$61.25	Trust Fund Co	ontribution.		Added to Fees			ment of	
10.	OFFICERS AND DIR	ECTORS	11.	Α	DDITIONS/CHANGES	S TO OFFICERS	AND DIF	RECTORS IN	V 10
TITLE	PD Q	☐ Delete	TITLE					Change	☐ Addition
NAME	DORSEY, LARRY W PASTOR		NAME						
STREET ADDRESS	3426 PIPES O' THE GLEN WAY		STREET ADDRESS						
CITY-ST-ZIP	ORLANDO FL 32808-3609		CITY-ST-ZIP						
	VSD	Delete	TITLE	<del> </del>		<del></del>	<del></del>	☐ Change	☐ Addition
TITLE NAME	DORSEY, BEULAH C	L_1 Delete	NAME					Change	Madition
STREET ADDRESS	3426 PIPES O THE GLEN WAY		STREET ADDRESS	ه جسهدست.	mogiti promesses an are m	سيتنار بعار حسست	و يە جەسىمە		
CITY-ST-ZIP			CITY-ST-ZIP						}
	ORLANDO FL 32808-3609	·		Ŀ	· · · · · · · · · · · · · · · · · · ·				
TITLE	DOMDEDA CTADICTUA T	☐ Delete	TITLE	TD Forto	or Chaminall	5 D	•	XX Change	Addition )
NAME	BOWDERY, STARLETHA T		NAME		r, Starleth		<b>-</b> -		[
STREET ADDRESS	3291 EL SEGUNDO WAY			4/53	North Pine	Hills Ko	ad, A	pt. 10	2
CITY-ST-ZIP	ORLANDO FL 32808		CITY-ST-ZIP	Orlan	do, Florida	32808			
TITLE	TD	Delete	TITLE					☐ Change	☐ Addition
NAME	GLOVER, JACQUELINE M		NAME	1					}
STREET ADDRESS	5126 LESCOT LANE		STREET ADDRESS						
CITY-ST-ZIP	ORLANDO FL 32811		CITY-ST-ZIP						{
TITLE		Delete	TITLE	İ	· · · · · · · · · · · · · · · · · · ·	<del>-</del>		☐ Change	Addition
NAME			NAME						
STREET ADDRESS	1		STREET ADDRESS						ļ
CITY-ST-ZIP			CITY-ST-ZIP						
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NAME	· ·	LI Delete	NAME	1				Gridings	La Addition
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CITY-ST-ZIP	I		CITY-ST-ZIP	1					

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:

4-8-03

407 293 6353