Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9800005900

Country

1. Corporation Name

MYSTERIES OF THE BIBLE RESEARCH FOUNDATION INC.

Principal Place of Busine	3
903 DELTA WAY	
MELDOUDNE EL 22040	

2. Principal Place of Business

SAA

City & State

22

23

Zip

Suite, Apt. #, etc.

Mailing Address

903 DELTA WAY MELBOURNE FL 32940

2a. Mailing Address

SAA

City & State

Suite, Apt. #, etc.

26

27

FILED Sep 20, 1999 8:00 am Secretary of State

09-20-1999 90011 040 ****61.25

* 6 617406 - 90011 - 40 6 *

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

59-3541938

10/15/1998

FEI Number



TITLE	24	25		29	30				Trus	t Fund Con	inbution			Adde	d to F	es
SHIPLEY, LAURA T 903 DELTA WAY MELBOURNE FL 32940 83 64 61 64 64 64 65 67 67 67 67 67 67 67 67 67		9. Name an	d Address of Current R	egistered Agen	t		,		10. Nam	e and Add	ress of N	ew Regis	tered /	Agent		
B83 DELTA WAY MELBOURNE FL 32940 883 884 City						81	Name									
B83 DELTA WAY MELBOURNE FL 32940 883 884 City	SHIPLEY.	LAURA T				82	Street	Address	(P.O. B	ox Number	is Not Acc	ceptable)				1
MELBOURNE FL 32940 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the corporation's board of directors. I hereby accept the approximent as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the applications of, Section 617.0503, Florida Statutes. SIGNATURE Signature, Novad or printed name of registered agent and site if spokashe. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D OFFICERS AND DIRECTORS 11. TITLE D OSD DELTA WAY 1.2 NAME SHPLEY, LAURA T SIDNET ADDRESS OFFICERS AND DIRECTORS IN 12 TITLE D O OBJETE 1.1 TITLE D O OBJETE 1.1 TITLE D O OBJETE 2.2 NAME 2.3 STREET ADDRESS GTY-51-2P MELBOURNE FL 32940 TITLE D O OBJETE 3.3 STREET ADDRESS GTY-51-2P MELBOURNE FL 32934 MAY, JEAN 3.3 STREET ADDRESS GTY-51-2P MELBOURNE FL 32934 MAY, JEAN 3.3 STREET ADDRESS GTY-51-2P MELBOURNE FL 32934 MAY, JEAN 3.3 STREET ADDRESS GTY-51-2P MELBOURNE FL 32934 MAY, JEAN 3.3 STREET ADDRESS GTY-51-2P MELBOURNE FL 32934 MAY, JEAN 3.3 STREET ADDRESS GTY-51-2P MELBOURNE FL 32934 MAY, JEAN 3.3 STREET ADDRESS GTY-51-2P MELBOURNE FL 32934 MELBOURNE FL 32	•						0000									
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the obligations of, Section 617.0502, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D SHIPLEY, LAURA T STREET ADDRESS HELBOURNE FL 32940 DELETE 1.1 TITLE D MAYFIELD, DONALD STREET ADDRESS APOPKA R. 32712 TITLE D MAYFIELD, DONALD STREET ADDRESS APOPKA R. 32712 ACITY-ST-ZP MELBOURNE FL 32934 ACITY-ST-ZP ACITY ST-ZP MELBOURNE FL 32934 ACITY-ST-ZP MELBOURNE FL 32934 ACITY-ST-ZP ACITY-ST-ZP ACITY ST-ZP ACITY-ST-ZP ACITY ST-ZP ACITY ST-ZP ACITY ST-ZP ACITY ST-ZP ACI																
T. Pursuant to the provisions of Sections 517.0502 and 617.1508, Florids Statutes; the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617,0503, Florids Statutes. SIGNATURE Signature, typed or printed rame of registered agent and title "spokulable." (INOTE: Registered Agent agents in a state of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and title "spokulable." (INOTE: Registered Agent agents agent and title "spokulable." (INOTE: Registered Agent agents agent agen	IIILLDOGI					0.4	0.5							06 7	n Cod	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's poore or directors. Thereby accept the appointment as registered agent, and married marking in the florida statutes. SIGNATURE Signature Description D					ţ				-] [· 	
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14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	CITY-ST-ZIP						-									
	14. I hereby o	certify that the in	formation supplied with t	nis filing does no	t qualify for the	exempt	ion state	d in Sec	tion 119.	07(3)(i), Flo	rida Statut	tes. I furth	ner cert	fy that th	e infor	mation

Country

4. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

AUGUSTI PARTICULED LATER AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR QUEETOR

9/12/99 407 255-3995 Daytime Phone #