

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 18, 2001 08:00 AM****Secretary of State****DOCUMENT # N98000005900****1. Entity Name**  
MYSTERIES OF THE BIBLE RESEARCH FOUNDATION INC.**Principal Place of Business**  
903 DELTA WAY  
MELBOURNE FL 32940  
**Mailing Address**  
7777 WICKHAM RD  
#12-777  
MELBOURNE FL 32940**2. Principal Place of Business**  
3683 HARDWOOD CT.  
**3. Mailing Address**  
P.O. BOX 406**Suite, Apt. #, etc.****City & State**  
MELBOURNE FL  
**City & State**  
HUNTINGTON BEACH CA**Zip**  
32935  
**Country**  
**Zip**  
92648  
**Country****4. FEI Number**  
**59-3541938**  
**Applied For**  
**Not Applicable****5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****SHIPLEY LAURA T**  
903 DELTA WAY  
MELBOURNE FL 32940**7. Name and Address of New Registered Agent****Name**  
GERMAN LISA  
**Street Address (P.O. Box Number is Not Acceptable)**  
3683 HARDWOOD CT.  
**City**  
MELBOURNE FL  
**Zip Code**  
32935**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** **LISA GERMAN****05/18/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	GERMANE LISA	3683 HARDWOOD CT MELBOURNE FL 32935	<input type="checkbox"/> Delete
	D	MAYFIELD DONALD	1101 TALL PINE DRIVE APOPKA FL 32712	<input type="checkbox"/> Delete
	D	SHIPLEY LAURA T	903 DELTA WAY MELBOURNE FL 32940	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	D	SHANKS LINDA RT	1680 NW 81ST STREET CLIVE IA 50325	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	D	GERMAN LISA S	3683 HARDWOOD CT MELBOURNE FL 32935	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	MAYFIELD DONALD V	1101 TALL PINE DRIVE APOPKA FL 32712	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	SHIPLEY LAURA TP	2706 DELAWARE STREET HUNTINGTON BEACH CA 92648	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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:** **Laura T. Shipley****P****05/18/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Tax-Id#

CR2E037 (11/00)