


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P08845 (0)
1. Corporation Name
CINCINNATI BIBLE COLLEGE & SEMINARY, INC.



Principal Place of Business 2700 GLENWAY AVENUE CINCINNATI, OH 45204 45204-1738	Mailing Address 2700 GLENWAY AVENUE CINCINNATI, OH 45204 45204-1738
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3. Date Incorporated or Qualified 01/24/1986
4. FEI Number 31-0643552
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent PEPPER, ROSS FIRST CHRISTIAN CHURCH 415 NORTH MAIN STREET KISSIMMEE FL 32743	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE VS	<input type="checkbox"/> DELETE
NAME RAUCH, EDWARD J	
STREET ADDRESS 5126 BIRCHWOOD FARMS DR	
CITY-ST-ZIP MASON OH	
TITLE CFO	<input type="checkbox"/> DELETE
NAME DEVINE, RICHARD W	
STREET ADDRESS 7043 PADDISON RD.	
CITY-ST-ZIP CINCINNATI OH	
TITLE T	<input type="checkbox"/> DELETE
NAME KOERNER, MARK	
STREET ADDRESS 4729 HUBBLE ROAD	
CITY-ST-ZIP CINCINNATI OH	
TITLE CD	<input type="checkbox"/> DELETE
NAME HALE, DAVID	
STREET ADDRESS 200 WEST BROADWAY	
CITY-ST-ZIP LOUISVILLE KY	
TITLE PD	<input type="checkbox"/> DELETE
NAME GRUBBS, DAVID	
STREET ADDRESS 180 DAHLIA	
CITY-ST-ZIP CINCINNATI OH	
TITLE V	<input type="checkbox"/> DELETE
NAME NORTH, JAMES	
STREET ADDRESS 6300 WERK ROAD	
CITY-ST-ZIP CINCINNATI OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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.

SIGNATURE _____ DATE **6/10/98** **513-244-8131**

CP2E037 (10/97)