2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 13, 2002 8:00 am **DOCUMENT # P08845** 1. Entity Name **Secretary of State** CINCINNATI BIBLE COLLEGE & SEMINARY, INC. 03-13-2002 90044 019 ****70.00 Mailing Address Principal Place of Business 2700 GLENWAY AVENUE 2700 GLENWAY AVENUE **CINCINNATI OH 45204-1738** CINCINNATI OH 45204-1738 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 31-0643552 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PEPPER. ROSS FIRST CHRISTIAN CHURCH 415 NORTH MAIN STREET Zip Code KISSIMMEE FL 32743 FL 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (9/01) Addition ☐ Change ☐ Delete TITLE TITLE RAUCH, EDWARD J NAME 5126 BIRCHWOOD FARMS DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MASON OH **CFO** ☐ Delete ☐ Change ☐ Addition TITLE DEVINE, RICHARD W NAME NAME 7043 PADDISION RD. STREET ADDRESS STREET ADDRESS CINCINNATI OH CITY-ST-ZIP CITY-ST-ZIF Addition -TITLE: Delete •TITLE **--**--, , <== Change KOERNER, MARK NAME NAME STREET ADDRESS 4729 HUBBLE ROAD STREET ADDRESS CINCINNATI OH CITY-ST-ZIP CITY-ST-ZIP CD ☐ Change Addition TITI F ☐ Delete TITI F HALE, DAVID NAME NAME STREET ADDRESS 200 WEST BROADWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOUISVILLE KY ☐ Change ☐ Addition ☐ Delete TITLE GRUBBS, DAVID NAME NAME STREET ADDRESS 160 DAHLIA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CINCINNATI OH Change ☐ Addition TITLE ☐ Delete WEBER, WILLIAM NAME NAME 5467 FOX ROAD STREET ADDRESS STREET ADDRESS **CINCINNATI OH 45239** CITY-ST-ZIP CITY-ST-ZIP 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 supplier exall 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 trostee 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 attack ment with an address, with all other like empowered.