2005 NOT-FOR-PROFIT CORPORATION

Feb 25, 2005 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # P11098** 02-25-2005 90157 046 ****70.00 BIBLÉ BASICS INTERNATIONAL, INC. Principal Place of Business Mailing Address 50019305 13042 TARPON SPRINGS RD P.O. BOX 726 ODESSA, FL 33556 US ODESSA, FL 33556-0726 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02192005 Cha-NP CR2E037 (10/03) Applied For City & State City & State 4. FEI Number 23-7328667 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PRIDDY, REV. EUGENE 13042 TARPON SPGS. ROAD Street Address (P.O. Box Number is Not Acceptable) ODESSA, FL 33556 City Zip Code 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2005 Added to Fees Florida Department of State. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Defete TITLE Change Addition PRIDDY, REV. EUGENE NAME NAME STREET ADDRESS 3526 TEESIDE DR STREET ADDRESS NEW PORT RICHEY, FL 34655 CITY-ST-71P CITY-ST-ZIP TITLE Delete Œ٦ TITLE ☐ Change Addition ROBINSON, REV. FRANK POINT BRITTANY 508/5 5220 BRITTANY DRS., ST. PE NAME FASNACHT, JAY NAME STREET ADDRESS 319 SURREY PL STREET ADDRESS ST. PETE, FL33715 CITY-ST-ZIP MACUNGIE, PA 18062 CITY-ST-7IP TITLE ☐ Delete TITLE Change MEISTER, HERMAN NAME STREET ADDRESS 15107 LAUREL COVE CIR STREET ADDRESS CITY-ST-ZIP ODESSA, FL 33556 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition PRIDDY, GLENN REV. NAME STREET ADDRESS 520 LEWISBERRY RD STREET ADDRESS CITY-ST-ZIP NEW CUMBERLAND, PA 17070 CITY-ST-ZIP TITLE ☐ Delete TITLE **X** Addition Change MITTEN JOHN R. 24043 TWISTER LN. NAME STREET ADDRESS STREET ADDRESS BROOKSVILLE, FL 34602-9181 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change **Addition** OLSON, DR. GORDON 74 MOUNTAIN AVE NAME NAME

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,

STREET ADDRESS CITY-ST-7IP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIG G OFFICER OR DIRECTOR

CEDAR KNOLLS, NJ 07927-1215

FILED