2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P11098

BIBLE BASICS INTERNATIONAL, INC.



FILED Feb 19, 2007 08:00 AM Secretary of State

Principal Place of Business

13042 TARPON SPRINGS RD ODESSA, FL 33556

Mailing Address

P.O. BOX 726

ODESSA, FL 33556-0726 US



02142007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 23-7328667

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRIDDY, REV. EUGENE

13042 TARPON SPGS. ROAD ODESSA, FL 33556			IN THIS SPACE			
8. The above the obligat	named entity submits this statement for th tions of registered agent.	e purpose of changing its registere	ed office or re	egistered agent, or bo	oth, 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	1 Agent signature	required when reinstating)	DATE	
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIRECTORS PD PRIDDY, REV. EUGENE 3526 TEESIDE DR NEW PORT RICHEY, FL 34655 TD				U00000641762	
NAME STREET ADDRESS CITY-ST-ZIP	ROBINSON, FRANK REV POINT BRITTANY 508/5, 5220 BRITTANY DRS SAINT PETERSBURG, FL 33715		U00000641762 03/01/07-80013-007 70.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEISTER, HERMAN 15107 LAUREL COVE CIR ODESSA, FL 33556		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY+ST-ZIP	SD PRIDDY, GLENN REV. 5 520 LEWISBERRY RD. NEW CLIMBERT AND PA 17070			IN THIS SPACE		

CEDAR KNOLLS, NJ 079271215 thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, without other like empowered.

SIGNATURE:

MITTEN, JOHN R

24043 TWISTER LN

OLSON, GORDON DR

74 MOUNTAIN AVE

BROOKSVILLE, FL 346029181

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP