

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000005435

Entity Name: BIBLE MEDS INC**Current Principal Place of Business:**667 W AMELIA STREET
505
ORLANDO, FL 32801**Current Mailing Address:**PO BOX 536862
ORLANDO, FL 32853 US**FEI Number:** 83-0569524**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DAVIDSON, KRISTIN
667 W. AMELIA STREET
505
ORLANODO, FL 32801 US*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:** KRISTIN DAVIDSON**03/21/2025**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PASTOR
Name MACK, JACQUELINE
Address PO BOX 536862
City-State-Zip: ORLANDO FL 32853

Title MGR
Name DAVIDSON, KRISTIN
Address PO BOX 536862
City-State-Zip: ORLANDO FL 32853

Title TREASURER
Name ALIX, KHARL
Address PO BOX 536862
City-State-Zip: ORLANDO FL 32853

Title ASST. TREASURER
Name LINTON, NICHOLAS
Address PO BOX 536862
City-State-Zip: ORLANDO FL 32853

Title CFO
Name MACK, JACQUELINE
Address PO BOX 536862
City-State-Zip: ORLANDO FL 32853

Title DIRECTOR OF MEDIA PRODUCTION
Name VICTOR, IRLY
Address PO BOX 536862
City-State-Zip: ORLANDO FL 32853

Title SECRETARY
Name LUZ DIAZ, CLAIRE
Address PO BOX 536862
City-State-Zip: ORLANDO FL 32853

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVIDSON, KRISTIN**REGISTERED AGENT****03/21/2025**

Electronic Signature of Signing Officer/Director Detail

Date