

**2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000006727

**Entity Name:** BIBLICA MINISTRIES FOUNDATION INC.**Current Principal Place of Business:**1820 JET STREAM DRIVE  
COLORADO SPRINGS, CO 80921**Current Mailing Address:**1820 JET STREAM DRIVE  
COLORADO SPRINGS, CO 80921**FEI Number:** 84-1190575**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FERNANDEZ, ESTEBAN  
5570 NW 113 PLACE  
DORAL, FL 33178 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:** ESTEBAN FERNANDEZ

03/18/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            TREASURER, SECRETARY  
Name           TROWBRIDGE, DAVID BRUCE  
Address        1820 JET STREAM DRIVE  
City-State-Zip: COLORADO SPRINGS CO 80921

Title            DIRECTOR, CHAIR  
Name           FLYNN, BARRY  
Address        1820 JET STREAM DRIVE  
City-State-Zip: COLORADO SPRINGS CO 80921

Title            DIRECTOR  
Name           GOODWIN, ANDY  
Address        1820 JET STREAM DRIVE  
City-State-Zip: COLORADO SPRINGS CO 80921

Title            DIRECTOR  
Name           SCOTT, BILL  
Address        1820 JET STREAM DRIVE  
City-State-Zip: COLORADO SPRINGS CO 80921

Title            DIRECTOR  
Name           MANZ, STEVE  
Address        1820 JET STREAM DRIVE  
City-State-Zip: COLORADO SPRINGS CO 80921

Title            DIRECTOR  
Name           BRIDGES, JIM  
Address        1820 JET STREAM DRIVE  
City-State-Zip: COLORADO SPRINGS CO 80921

Title            PRESIDENT  
Name           MORIN, GEOFFREY  
Address        1820 JET STREAM DRIVE  
City-State-Zip: COLORADO SPRINGS CO 80921

*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:** DAVID BRUCE TROWBRIDGE

TREASURER

03/18/2021

Electronic Signature of Signing Officer/Director Detail

Date