

2025 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11098

Entity Name: BIBLE BASICS INTERNATIONAL, INC.**Current Principal Place of Business:**11744 LA MADERA BLVD
PORT RICHEY, FL 34668**Current Mailing Address:**11744 LA MADERA BLVD
PORT RICHEY, FL 34668 US**FEI Number:** 23-7328667**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ABITZ, WILLIAM L
11744 LA MADERA BLVD
PORT RICHEY, FL 34668 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:** WILLIAM L ABITZ

01/27/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name BEST, STEPHEN P REV.
Address 13148 PRECEPT WAY
City-State-Zip: HUDSON FL 34669-4605

Title SECRETARY
Name HAMMOCK, JAMES A
Address 35 RIVERSIDE WAY
City-State-Zip: SHARPSBURG GA 30277

Title CHAIRMAN
Name MEADE, DAVID C
Address 25 WILLOUGHBY RUN
City-State-Zip: SHARPSBURG GA 30277

Title DIRECTOR
Name DEVRIES, MIKE
Address 800 BRYAN CRT
City-State-Zip: DACONO CO 80514

Title VC
Name SAMEC, STEPHEN
Address 10309 RAULERSON RANCH RD
City-State-Zip: TAMPA FL 33637

Title DIRECTOR
Name ADAMS , MATT
Address 450 BARRINGTON FARMS PARKWAY
City-State-Zip: SHARPSBURG GA 30277

Title TREASURER
Name MAHR, WILLIAM A
Address 1800 E PLEASANT ST
City-State-Zip: BEAVER CREEK OH 45432

Title DIRECTOR
Name HOLLINS, JOEL
Address 1940 KITTY HAWK DR
City-State-Zip: XENIA OH 45385

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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: WILLIAM L ABITZ**DIRECTOR OF
OPERATIONS**

01/27/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	ABITZ, WILLIAM L
Address	12800 WINDING WAY
City-State-Zip:	HUDSON FL 34667