

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

10074633

DOCUMENT # 770923 1. Entity Name COMMUNITY BIBLE CHURCH, INC., OF AVON PARK		
Principal Place of Business 1400 C.R. 17A NORTH LOT #60 AVON PARK, FL 33825 US		Mailing Address 1400 C.R. 17A NORTH LOT #60 AVON PARK, FL 33825 US
2. Principal Place of Business Suite, Apt. #, etc. Lot 82 City & State	3. Mailing Address Suite, Apt. #, etc. Lot 82 City & State	
Zip Country	Zip Country	4. FEI Number 59-2546682
6. Name and Address of Current Registered Agent ALEXANDER, JEAN 1102 N PENIEL AVE AVON PARK, FL 33825		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 the obligations of registered agent.		
SIGNATURE _____		DATE 4/14/03
SIGNATURE, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent's signature required when remaining)		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
FILE NOW - FEE IS \$61.25		Make Check Payable to Florida Department of State
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPURGEON, DON 1428 LANCASTER PIKE, P.O BOX 30 CIRCLEVILLE, OH 43113	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHANKEWILER 1400 CR 17A NORTH, LOT 60 AVON PARK, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALEXANDER, JEAN 1002 N PENIEL AVE AVON PARK, FL 33825	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T UPTON, MARY R 1400 CR 17A NORTH, LOT 61 AVON PARK, FL 33825	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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, with all other like empowered.		
SIGNATURE: <u>Mary R. Upton, Treas</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: 4/14/03 PHONE: 863-452-5643

CH2E037 (1/02)