


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N06847 1. Entity Name COMMUNITY BIBLE STUDY, INC.	
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Principal Place of Business 1312 ECKLES DR. TAMPA, FL 33612	Mailing Address 1312 ECKLES DR. TAMPA, FL 33612
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DO NOT WRITE IN THIS SPACE



04232004 No Chg-NP CR2E037 (10/03)

4. FEI Number 58-5208088	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HINES, JAMES P.
315 HYDE PARK AVENUE
TAMPA, FL 33606

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, RICHARD A. 1312 ECKLES DRIVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FLAWS, LARRY 101 E. KENNEDY BLVD. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HINES, JAMES P. 315 HYDE PARK AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/26/04-80110-005 61.25

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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: *Williams* **4/24/04** (813) 932-9830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #