


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 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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2. Principal Place of Business	3. Mailing Address	4. FEI Number 58-5208088
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip
Country	Country	Country

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent

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

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	PD WILLIAMS, RICHARD A. <input type="checkbox"/> Delete
NAME	1312 ECKLES DRIVE
STREET ADDRESS	TAMPA FL
CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete
NAME	FLAWS, LARRY
STREET ADDRESS	101 E. KENNEDY BLVD.
CITY-ST-ZIP	TAMPA FL
TITLE	SD <input type="checkbox"/> Delete
NAME	HINES, JAMES P.
STREET ADDRESS	315 HYDE PARK AVE
CITY-ST-ZIP	TAMPA FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000537455
05/09/06-50018-015

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 4/29/06