## 2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000001470

Entity Name: CITY BIBLE COLLEGE, INC.

**Current Principal Place of Business:** 

114 E PARKER STREET LAKELAND, FL 33801

**Current Mailing Address:** 

CITY BIBLE COLLEGE INC P.O. BOX 24451 LAKELAND, FL 33802 US

FEI Number: 88-4180479 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCCREE, KELVIN R 2958 BELLFLOWER WAY LAKELAND, FL 33811 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:

Electronic Signature of Registered Agent

Date

FILED Feb 20, 2025

**Secretary of State** 

5281985315CC

Officer/Director Detail:

Title VP Title PRESIDENT

NameMCCREE, EVETTE MNameMCCREE, KELVIN RENARDAddress2958 BELLFLOWER WAYAddress2958 BELLFLOWER WAY

City-State-Zip: LAKELAND FL 33811 City-State-Zip: LAKELAND FL 33811

Title CO-TRUSTEE Title DIRECTOR

NameMCCREE, JONATHAN JOSIAHNameDOUGLAS, DEONDRICKAddress2958 BELLFLOWER WAYAddress501 2ND STREET SECity-State-Zip:LAKELAND FL 33811City-State-Zip:RUSKIN FL 33570

Title DIRECTOR
Name FARIAS, MARIO

Address 136 4TH STREET NORTH

City-State-Zip: ST. PETERSBURG FL 33701

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: KELVIN MCCREE

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

02/20/2025