

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 747811

1. Entity Name
COMMUNITY BIBLE CHURCH OF BREVARD COUNTY,
INC.



Principal Place of Business

91 EMERSON DR. NW
PALM BAY, FL 32907

Mailing Address

91 EMERSON DR. NW
PALM BAY, FL 32907

FILED
Jul 22, 2005 08:00 AM
Secretary of State



07102005 No Chg-NP

CR2E037 (10/03)

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4. FEI Number

59-2246685

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALSPAUGH, ALAN
2168 LAKEVIEW DR.
MELBOURNE, FL 32935

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IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 7, 2005

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
TD
ALSPAUGH, AL
2168 LAKEVIEW DR.
MELBOURNE, FL 32935

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEVY, FRED
2060 BENJAMIN ROAD
MALABAR, FL 32950

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
GALY, CHARLES
2150 STRATFORD POINTE DRIVE
MELBOURNE, FL 32904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
REED, CLARENCE
855 ONYX DRIVE NE
PALM BAY, FL 32905

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LANCASTER, LYMAN
581 WAYLAID AVE. SW
PALM BAY, FL 32908

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1101000374202
07/22/05-80012-007 70.00

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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: Charles Galy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-18-05

Date

(321) 724-5400

Daytime Phone #