

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

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**



02132006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
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

Alan Alspaugh

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

(NOTE: Registered Agent signature required when reinstating)

3-1-06

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000001465353
03/22/06-80033-004 20.00

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 | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Charles A Galy* **Charles A Galy**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-06
Date

(321) 302-3236
Daytime Phone #