


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 747811</b>	
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
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DO NOT WRITE IN THIS SPACE



03032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2246685	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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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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 <u>Alan R Alspaugh</u>	<u>ALAN R ALSPAUGH</u>	<u>4-11-07</u>
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000712377 04/26/07-80044-018 70.00
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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	

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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.

<b>SIGNATURE:</b> <u>Charles A. Galy</u>	<u>4-11-07</u>	<u>(321) 724-5400</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #