2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747811

FILED Apr 05, 2009 Secretary of State

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

urrent P	rincipal Place	of Business:	New Principal Plac	e of Business:
	SON DR. NW /, FL 32907			
urrent M	lailing Address	s:	New Mailing Addre	ess:
	SON DR. NW /, FL 32907			
El Number	: 59-2246685	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
	H, ALAN EVIEW DR. RNE, FL 32935	US		
	named entity so of Florida.	ubmits this statement for the	purpose of changing its register	red office or registered agent, or both,
the State	e of Florida.	ubmits this statement for the	purpose of changing its register	red office or registered agent, or both,
the State	e of Florida. Î	ubmits this statement for the comment of the comment of the comment of Registered Ag		red office or registered agent, or both, Date
n the State	e of Florida. Î	c Signature of Registered Ag	ent	
the State	e of Florida. RE: Electroni S AND DIRECT	c Signature of Registered Ag F ORS: Delete / DR.	ent	Date
n the State SIGNATUF DFFICERS itle: ame: ddress:	e of Florida. RE: Electroni S AND DIRECT TD () I ALSPAUGH, AL 2168 LAKEVIEW MELBOURNE, F	c Signature of Registered Ag ORS: Delete / DR. L 32935 Delete	ent ADDITIONS/CHANG Title: Name: Address:	Date GES TO OFFICERS AND DIRECTOR
n the State IGNATUR PFFICERS ttle: ame: ddress: ity-St-Zip: ttle: ame: ddress:	E of Florida. RE: Electroni S AND DIRECT TD () I ALSPAUGH, AL 2168 LAKEVIEW MELBOURNE, F D () I LEVY, FRED 2060 BENJAMIN MALABAR, FL 3 SD () I GALY, CHARLES	c Signature of Registered Ag FORS: Delete / DR. L 32935 Delete I ROAD 12950 Delete SRD POINTE DRIVE	ent ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date GES TO OFFICERS AND DIRECTOR () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHARLES A. GALY SD 04/05/2009