

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007197

FILED
Apr 29, 2009
Secretary of State

Entity Name: COMMUNITY BIBLE INSTITUTE & SEMINARY BREVARD, INC.

Current Principal Place of Business:

2729 LIPSCOMB ST.
MELBOURNE, FL 32901

New Principal Place of Business:

343 NAIL ST. N.E.
PALM BAY, FL 32907

Current Mailing Address:

PO BOX 111042
PALM BAY, FL 32911

New Mailing Address:

FEI Number: 76-0797974

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEMP, SYLVIA H
595 NOGALES AVE NE
PALM BAY, FL 32907 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KEMP, SYLVIA H
Address: 595 NOGALES AVE NE
City-St-Zip: PALM BAY, FL 32907

Title: D () Delete
Name: BARKER, MARCUS
Address: 1141 PACE DR NW
City-St-Zip: PALM BAY, FL 32907

Title: D () Delete
Name: RAMBISSON, AMAR
Address: 8825 A DMIMS RD
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: JOHNSON, ADA
Address: 2506 ALBION AVE
City-St-Zip: ORLANDO, FL 32833

Title: SD () Delete
Name: JOHNSON, MARY
Address: 4784 PRIME TER
City-St-Zip: NORTH PORT, FL 34286

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KEMP, SYLVIA H
Address: 595 NOGALES AVE NE
City-St-Zip: PALM BAY, FL 32907

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: ABBEY, RYAN
Address: 595 NOGALES AVE. N.E.
City-St-Zip: PALM BAY, FL 32907

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: RYAN ABBEY

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date