2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 22, 2001 8:00 am Secretary of State **DOCUMENT # N26185** 1. Entity Name CENTER FOR BIBLICAL STUDIES, INC. 01-22-2001 90035 048 ****61.25 Principal Place of Business Mailing Address CAN THE REAL PROPERTY. THE VICKERS OFF CUCCUUUU P.O. DRAWER 3851 TALLAHASSEE FLAGESTEEN TALLAHASSEE FL 32315-3851 2. Principal Place of Business 3. Mailing Address 209 E. BREVAAD ST -Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-2925284 Not Applicable Country Zip. Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) ARNETT, JOSEPH WURTZ 2102 LAKE FOREST DRIVE TALLAHASSEE FL 32303 Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. ... (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change Addition D THEODORE JOHNSON 30% HAWKS LANDING TALLAHASSE, FL 32308 NAME LOPEZ, DARLENE H NAME STREET ADDRESS 9 NW 42 TERR STREET ADDRESS CITY-ST-7IP CITY-ST-7IP PLANTATION FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WILLIAMS, REV IVEY NAME STREET ADDRESS 7535-229 W TENNESSEE ST STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL CITY-ST-ZIP VD ----TITLE--- Delete - -= TITI F ☐ Change ☐ Addition. ARNETT, JOSEPH WURTZ NAME NAME STREET ADDRESS 2102 LAKE FOREST DRIVE STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL CITY-ST-ZIP DP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME ARNETT, JO ANN NAME STREET ADDRESS 2102 LAKE FOREST DRIVE STREET ADDRESS CITY-ST-7IP TALLAHASSEE FL CITY-ST-ZIP DV TITLE Delete TITLE Change ☐ Addition NAME JOHNSON, MARIAN S NAME STREET ADDRESS 4679 BERKSHIRE ROAD STREET ADDRESS CITY-ST-ZIP MARIANNA FL 32446 CITY-ST-ZIP DS TITLE ☐ Delete TITLE Change ☐ Addition WEST, JOAN NAME NAME STREET ADDRESS 2808 RABBIT HILL DR STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL CITY-ST-ZIP

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: