

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26185

1. Entity Name

CENTER FOR BIBLICAL STUDIES, INC.

Principal Place of Business

Mailing Address

209 E. BREVARD ST  
TALLAHASSEE FL 32301  
US

~~1040 WICKERS DRIVE~~  
P.O. DRAWER 3851  
TALLAHASSEE FL 32315-3851  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FEI Number

59-2925284

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARNETT, JOSEPH WURTZ  
2102 LAKE FOREST DRIVE  
TALLAHASSEE FL 32303

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

300004915619--4

-02/13/02--01074--005

\*\*\*\*\*61.25 \*\*\*\*\*61.25

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	LOPEZ, DARLENE H	
STREET ADDRESS	9 NW 42 TERR	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, REV IVEY	
STREET ADDRESS	7535-229 W TENNESSEE ST	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ARNETT, JOSEPH WURTZ	
STREET ADDRESS	2102 LAKE FOREST DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ARNETT, JO ANN	
STREET ADDRESS	2102 LAKE FOREST DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	JOHNSON, MARIAN S	
STREET ADDRESS	4679 BERKSHIRE ROAD	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WEST, JOAN	
STREET ADDRESS	2808 RABBIT HILL DR	
CITY-ST-ZIP	TALLAHASSEE FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT FLANAGAN	
STREET ADDRESS	3999 TERIDAN WAY	
CITY-ST-ZIP	TALLAHASSEE, FL 32303-2571	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EMILY MOORE	
STREET ADDRESS	P.O. Box 10966	
CITY-ST-ZIP	TALLAHASSEE, FL 32302	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THEODORE JOHNSON	
STREET ADDRESS	3074 HAWKS LANDING DR.	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REV. LIONEL LOPEZ	
STREET ADDRESS	9 NW 42 TERR	
CITY-ST-ZIP	PLANTATION, FL	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	402 ST. CLAIRE ST.	
CITY-ST-ZIP	STARKE, FL 32094	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

JO ANN ARNETT  
Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

1/9/2002

850/514-3777

CR2E037 (9/01)

0061

APPROVED  
AND  
FILED

02 FEB -4 PM 2:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE