

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # N26185 1. Entity Name CENTER FOR BIBLICAL STUDIES, INC.					
Principal Place of Business 209 E BREVARD ST TALLAHASSEE FL 32301 US			Mailing Address PO BOX 3851 ORLANDO FL 32315 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2925284 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 <div style="text-align: right;"> FL Zip Code </div>		
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		 <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE Feb. 11, 2004 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOPEZ, DARLENE H		NAME		
STREET ADDRESS	9 NW 42 TERR		STREET ADDRESS		
CITY- ST- ZIP	PLANTATION FL		CITY- ST- ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, REV IVEY		NAME		
STREET ADDRESS	1034 CARIN DRIVE		STREET ADDRESS		
CITY- ST- ZIP	TALLAHASSEE FL 32311		CITY- ST- ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARNETT, JOSEPH WURTZ		NAME		
STREET ADDRESS	2102 LAKE FOREST DRIVE		STREET ADDRESS		
CITY- ST- ZIP	TALLAHASSEE FL 32303		CITY- ST- ZIP		
TITLE	DP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARNETT, JO ANNE		NAME		
STREET ADDRESS	2102 LAKE FOREST DRIVE		STREET ADDRESS		
CITY- ST- ZIP	TALLAHASSEE FL 32303		CITY- ST- ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, MARIAN S		NAME		
STREET ADDRESS	402 ST. CLAIRE ST.		STREET ADDRESS		
CITY- ST- ZIP	STARKE FL 32094		CITY- ST- ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEST, JOAN		NAME		
STREET ADDRESS	2808 RABBIT HILL DR		STREET ADDRESS		
CITY- ST- ZIP	TALLAHASSEE FL 32312		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:					
DATE		2/9/04			
FILING OFFICE		574-3777			