


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90112 003 ****70.00

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 TALLAHASSEE, 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. FBI Number 59-2925284	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ARNETT JOSEPH WURTZ 2102 LAKE FOREST DRIVE TALLAHASSEE, FL 32303 <i>change to →</i>			7. Name and Address of New Registered Agent Name: Registered Agent: Street Address: Hobby, Rev. James L. 3514 Dundalk Drive Tallahassee, FL 32308 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u>James L. Hobby</u> <u>James L. Hobby</u> <u>4/18/06</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	CPA POOLE, ANGELA <input type="checkbox"/> Delete P.O. BOX 4045 TALLAHASSEE, FL 32315		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Hobby, James L. (Rev.) 3514 Dundalk Drive Tallahassee, FL 32308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WILLIAMS, REV IVEY 1034 CARIN DRIVE TALLAHASSEE, FL 32311		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Moore, Emily (Esquire) P. O. Box 10966 Tallahassee, FL 32302-2966	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete ARNETT, JOSEPH WURTZ 2102 LAKE FOREST DRIVE TALLAHASSEE, FL 32303		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Flanagan, Scott (Ph.D) 3998 Teridan Way Tallahassee, FL 32303	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete ARNETT, JO ANNE 2102 LAKE FOREST DRIVE TALLAHASSEE, FL 32303		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete JOHNSON, MARIAN S 402 ST. CLAIRE ST. STARKE, FL 32094		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WEST, JOAN 2808 RABBIT HILL DR TALLAHASSEE, FL 32312		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>JO ANNE ARNETT</u> <u>4/11/06</u> <u>850/514-3777</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					