

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26185

FILED
Apr 18, 2007
Secretary of State

Entity Name: CENTER FOR BIBLICAL STUDIES, INC.

Current Principal Place of Business:

209 E BREVARD ST
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 3851
TALLAHASSEE, FL 32315 US

New Mailing Address:

FEI Number: 59-2925284 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOBBY, JAMES L REV
3514 DUNDALK DR
TALLAHASSEE, FL 32308 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: CPA () Delete
Name: POOLE, ANGELA
Address: P.O. BOX 4045
City-St-Zip: TALLAHASSEE, FL 32315

Title: D () Delete
Name: WILLIAMS, REV IVEY
Address: 1034 CARIN DRIVE
City-St-Zip: TALLAHASSEE, FL 32311

Title: VD () Delete
Name: HOBBY, JAMES L REV
Address: 3514 DUNDALK DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: DP () Delete
Name: ARNETT, JO ANNE
Address: 2102 LAKE FOREST DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: JOHNSON, MARIAN S
Address: 402 ST. CLAIRE ST.
City-St-Zip: STARKE, FL 32094

Title: D () Delete
Name: WEST, JOAN
Address: 2808 RABBIT HILL DR
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: MOORE, EMILY MS.
Address: P. O. BOX 10966
City-St-Zip: TALLAHASSEE, FL 32302

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JO ANNE ARNETT

DP

04/18/2007

Electronic Signature of Signing Officer or Director

Date