

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26185

FILED  
Jun 18, 2009  
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)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

WILLIAMS, IVEY L REV  
3076 HAWKS LANDING DRIVE  
TALLAHASSEE, FL 32309 US

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: 3076 HAWKS LANDING DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309

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

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

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 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

P

06/18/2009

Electronic Signature of Signing Officer or Director

Date