

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26185

FILED  
Feb 28, 2011  
Secretary of State

**Entity Name:** CENTER FOR BIBLICAL STUDIES, INC.

**Current Principal Place of Business:**

1560 CAPITAL CIRCLE NW STE 6  
TALLAHASSEE, FL 323033180 US

**New Principal Place of Business:**

1560 CAPITAL CIRCLE NW  
SUITE 6  
TALLAHASSEE, FL 323033180 US

**Current Mailing Address:**

1560 CAPITAL CIRCLE NW STE 6  
TALLAHASSEE, FL 323033180 US

**New Mailing Address:**

1560 CAPITAL CIRCLE NW  
SUITE 6  
TALLAHASSEE, FL 323033180 US

**FEI Number:** 59-2925284

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, IVEY L REV.  
3076 HAWKS LANDING DRIVE  
TALLAHASSEE, FL 32309 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  
Name: POOLE, ANGELA  
Address: 118 SALEM COURT  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D  
Name: WILLIAMS, IVEY L  
Address: 3076 HAWKS LANDING DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309

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

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

Title: D  
Name: HEINRICH, DARLENE L  
Address: 2990 BYINGTON CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D  
Name: CASSELS, JOAN W  
Address: 440 AUDUBON DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

I hereby 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 all other like empowered.

SIGNATURE: JO ANNE C. ARNETT

DP

02/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date