

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90780 030 ****61.25

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DOCUMENT # N26185

1. Entity Name

CENTER FOR BIBLICAL STUDIES, INC.



Principal Place of Business

**209 E BREVARD ST
TALLAHASSEE FL 32301
US**

Mailing Address

**P.O. DRAWER 3851
TALLAHASSEE FL 32315-3851
US**

2. Principal Place of Business

3. Mailing Address

P.O. Box 3851

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

Country

Zip

Country

32315-3851

USA

4. FEI Number **59-2925284**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ARNETT, JOSEPH WURTZ
2102 LAKE FOREST DRIVE
TALLAHASSEE FL 32303**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Joseph Wurtz Arnett

4/7/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOPEZ, DARLENE H 9 NW 42 TERR PLANTATION FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, REV IVEY 7535-229 W TENNESSEE ST TALLAHASSEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARNETT, JOSEPH WURTZ 2102 LAKE FOREST DRIVE TALLAHASSEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ARNETT, JO ANN 2102 LAKE FOREST DRIVE TALLAHASSEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JOHNSON, MARIAN S 402 ST. CLAIRE ST. STARKE FL 32094	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WEST, JOAN 2808 RABBIT HILL DR TALLAHASSEE FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, Ph.D, Darlene H. 9 NW 42 Terrace Plantation, FL 33317	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1034 Carin Drive Tallahassee, FL 32311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tallahassee, FL 32303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARNETT, JO ANNE Tallahassee, FL 32303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 402 Saint Clair St. Starke, FL 32091	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tallahassee, FL 32312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

JO ANN ARNETT **4/3/03 54-3777**

CR2E037 (10/02)

*Attachment
10/11/26/85*

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

1. **CENTER FOR BIBLICAL STUDIES, INC.**

11. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.**

Title:	DV	Director/Vice President
Name:	Scott Flanagan, Ph.D.	
Street Address:	3998 Teridan Way	
City - St - Zip:	Tallahassee, FL 32303	

Title:	D	Director
Name:	Theodore Johnson, Ph.D.	
Street Address:	3076 Hawks Landing Drive	
City - St - Zip:	Tallahassee, FL 32309	

Title:	DS	Director/Secretary
Name:	Emily Moore, J.D.	
Street Address:	2898 Woodridge Drive	
City - St - Zip:	Tallahassee, FL 32301	

Title:	DT	Director/Treasurer
Name:	Angela Poole, C.P.A.	
Street Address:	4909 North Monroe Street	
City - St - Zip:	Tallahassee, FL 32303	