

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006286

1. Entity Name

BIBLIOCENTRIC EVANGELICAL MENTORING ASSOCIATION,

Principal Place of Business

Mailing Address

2024 SOLANA STREET  
MELBOURNE FL 32901

PO BOX 1843  
MELBOURNE FL 32909

2. Principal Place of Business

3. Mailing Address

726 James Circle NE

P.O. Box 1843

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Palm Bay, FL

Melbourne, FL

Zip

Country

Zip

Country

32905

USA

32902

USA

6. Name and Address of Current Registered Agent

4. FEI Number

59-3418452

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

SPIVEY, MYRUE L  
1878 GLENWOOD STREET NE  
PALM BAY FL 32907

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

05-29-01

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SPIVEY, MYRUE L 1878 GLENWOOD ST. NE PALM BAY FL 32907	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV STEWART, CARLTON 2645 ELLIOT WAY #3 MELBOURNE FL 32935	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SPIVEY, PATRICIA P 1878 GLENWOOD ST. NE PALM BAY FL 32907	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

FILED  
Jul 06, 2001 8:00 am  
Secretary of State

07-06-2001 90211 024 \*\*\*\*70.00

A0076227



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

05-29-01 321-728-4136