

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006286

1. Entity Name

BIBLIOCENTRIC EVANGELICAL MENTORING ASSOCIATION, INC.

Principal Place of Business

726 JAMES CIRCLE N.E.
PALM BAY FL 32906

Mailing Address

PO BOX 1843
MELBOURNE FL 32902

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
min. will be \$236.25.**

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
SPIVEY, MYRUE L
1878 GLENWOOD ST. NE
PALM BAY FL 32907

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
STEWART, CARLTON
2645 ELLIOT WAY #3
MELBOURNE FL 32935

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
SPIVEY, PATRICIA P.
1878 GLENWOOD ST. NE
PALM BAY FL 32907

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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.

FILED
Aug 01, 2002 8:00 am
Secretary of State

08-01-2002 90169 025 ****70.00



DO NOT WRITE IN THIS SPACE

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CR2E037 (4/02)

7-29-2002 321-728-4136