

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26185

Entity Name: CENTER FOR BIBLICAL STUDIES, INC.**Current Principal Place of Business:**1560 CAPITAL CIRCLE NW
SUITE 6
TALLAHASSEE, FL 32303-3180**Current Mailing Address:**1560 CAPITAL CIRCLE NW
SUITE 6
TALLAHASSEE, FL 32303-3180 US**FEI Number:** 59-2925284**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIAMS, IVEY LREV.
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**Officer/Director Detail :**Title D
Name MC RAE, HERB
Address 3218 SALINGER WAY
City-State-Zip: TALLAHASSEE FL 32311Title D
Name MOORE, EMILY MS.
Address P. O. BOX 10966
City-State-Zip: TALLAHASSEE FL 32302Title D
Name HEINRICH, DARLENE L
Address 2990 BYINGTON CIRCLE
City-State-Zip: TALLAHASSEE FL 32303Title D
Name WILLIAMS, IVEY L
Address 3076 HAWKS LANDING DRIVE
City-State-Zip: TALLAHASSEE FL 32309Title DP
Name ARNETT, JO ANNE
Address 2102 LAKE FOREST DRIVE
City-State-Zip: TALLAHASSEE FL 32303Title D
Name CASSELS, JOAN W
Address 440 AUDUBON DRIVE
City-State-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 ARNETT**PRESIDENT****03/24/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date