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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Central Christian College of the Bible

Certificate of Status	0
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APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. Central Christian College of the Bible

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

Central Christian College of the Bible Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Missouri

(State or country under the law of which it is incorporated)

3. 43-0743910

(FEI number, if applicable)

4. 3/11/1957

(Date of Incorporation)

5. Perpetual

(Date of duration, if other than perpetual)

6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 7901 4th St N STE 300 St. Petersburg FL 33702

(Principal office street address)

7901 4th St N STE 300 St. Petersburg FL 33702

(Current mailing address, if different)

8. Education

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Northwest Registered Agent LLC

Office Address: 7901 4th St N STE 300

St. Petersburg

(City)

Florida 33702

(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Tom Glover

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: Thomas Nobis
☐ Vice Chairman Address: _____
☒ Director 7901 4th St N STE 300
☐ President St. Petersburg FL 33702
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Alan Rabe
☐ Vice Chairman Address: _____
☒ Director 7901 4th St N STE 300
☐ President St. Petersburg FL 33702
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: David Fincher
☐ Vice Chairman Address: 7901 4th St N STE 300
☐ Director St. Petersburg FL 33702
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: David Christopher Reynolds
☐ Vice Chairman Address: 7901 4th St N STE 300
☒ Director St. Petersburg FL 33702
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Lara Lawrence
☐ Vice Chairman Address: 911 E Urbandale Drive
☐ Director Moberly MO 65270
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: David Huskey
☐ Vice Chairman Address: 7901 4th St N STE 300
☒ Director St. Petersburg FL 33702
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. Lara Lawrence
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Lara J Lawrence, Treasurer
(Typed or printed name and capacity of person signing application)

A. DIRECTORS (cont.)

1. Austin Jones, Director
7901 4th St N STE 300
St. Petersburg, FL 33702
2. Arthur Rawlings, Director
7901 4th St N STE 300
St. Petersburg, FL 33702
3. Lance Vestal, Director
7901 4th St N STE 300
St. Petersburg, FL 33702
4. Kenneth Harland, Director
7901 4th St N STE 300
St. Petersburg, FL 33702
5. Frank Grimshaw, Director
7901 4th St N STE 300
St. Petersburg, FL 33702
6. Eugene McCoy, Director
7901 4th St N STE 300
St. Petersburg, FL 33702
7. Debra Fitzgerald, Director
7901 4th St N STE 300
St. Petersburg, FL 33702
8. Sid Tiller, Director
7901 4th St N STE 300
St. Petersburg, FL 33702
9. Lesana Burkhardt, Director
7901 4th St N STE 300
St. Petersburg, FL 33702
10. Alisa Kigar, Director
7901 4th St N STE 300
St. Petersburg, FL 33702

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STATE OF MISSOURI



John R. Ashcroft
Secretary of State

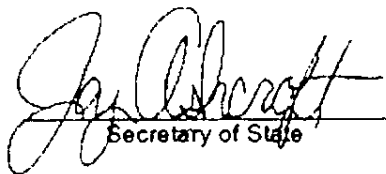
CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

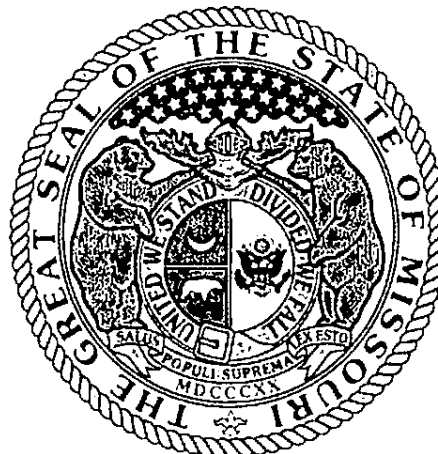
I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records of my office and in my care and custody reveal that

CENTRAL CHRISTIAN COLLEGE OF THE BIBLE
N00001087

was created under the laws of this State on the 11th day of March, 1957, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 8th day of October, 2021.


Secretary of State



Certification Number: CERT-10082021-0101

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