

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000001470

**Entity Name:** CITY BIBLE COLLEGE, INC.

**Current Principal Place of Business:**

114 E PARKER STREET  
LAKELAND, FL 33801

**Current Mailing Address:**

CITY BIBLE COLLEGE INC  
P.O. BOX 24451  
LAKELAND, FL 33802 US

**FEI Number:** 88-4180479

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MCCREE, KELVIN R  
2958 BELLFLOWER WAY  
LAKELAND, FL 33811 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 VP  
Name MCCREE, EVETTE M  
Address 2958 BELLFLOWER WAY  
City-State-Zip: LAKELAND FL 33811

Title VC  
Name LOYD, GERALD G DR.  
Address 247 JOHNSTON AVENUE  
City-State-Zip: PITTSBURGH PA 15207

Title DIR  
Name LEONARD, PRESTON D DR.  
Address 2720 12TH AVENUE SOUTH  
City-State-Zip: ST. PETERSBURG FL 33712

Title PRESIDENT  
Name MCCREE, KELVIN RENARD  
Address 2958 BELLFLOWER WAY  
City-State-Zip: LAKELAND FL 33811

Title STRATEGY AND DEVELOPMENT  
Name JUDITH , WILLIAMS ANN DR.  
Address 330 CLAIBORNE ROAD  
SUITE 302  
City-State-Zip: NORTHEAST MARYLAND MD 21901

*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:** KELVIN MCCREE

**PRESIDENT**

**05/03/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date