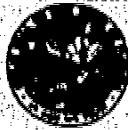


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 26 AM 11:02

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 752439 (0)

1. Corporation Name

OPEN BIBLE COMMUNITY CHURCH OF NORTH MIAMI INC.

Principal Place of Business

Mailing Address

**2610 NW 119ST
MIAMI FL 33167**

**2610 NW 119ST
MIAMI FL 33167**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1980

3a. Date of Last Report

02/01/1994

4. FEI Number

59-2014721

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GUTHRIE, ALBERT N
6004 N.W. 201 TER
HIALEAH FL 33015**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	CREARY, VASPERT
STREET ADDRESS	3750 NW 204 ST
CITY-ST-ZIP	CAROL CTY FL
TITLE	PD
NAME	GUTHRIE, ALBERT N
STREET ADDRESS	1100 N W 129TH ST
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	TD
NAME	BRYANT, BERNARD
STREET ADDRESS	20350 NW 3 ST
CITY-ST-ZIP	PEMBROOK PINES FL
TITLE	S
NAME	PEART, LYNETTE
STREET ADDRESS	20009 NW 66 PL
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	D
NAME	KINGSLEY, POWELL
STREET ADDRESS	2118 PLUNKET ST
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	D
NAME	PEART, GUY
STREET ADDRESS	20009 NW 66 PL
CITY-ST-ZIP	MIAMI, FL 00000

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE:

BERNARD BRYANT

1-30-95

305-269-1424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

Treasurer

0044041