FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 752439

(0)

ARCH RIDLE ARMAINITH ALUMBAL AC MARTILLANAL WA	
OPEN BIBLE COMMUNITY CHURCH OF NORTH MIAMLING	

Principal Place	e of Business	Mailing Address					
2610 NW 119 MIAMI FL 33		2610 NW 119ST MIAMI FL 33167					
					3. Date Incorporated or Qualified 05/13/1980	3a. Date of L 04/26	ast Report /1995
	Place of Business	2a. Mailing Address			4. FEI Number 59-2014721		Applied For
21	N -1-	26			00 2014721		Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 -	.75 Additional see Required
City & Stat	re	City & State		· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	\$1	.00 May Be
23		28			Trust Fund Contribution	1 1	dded to Fees
Zip 24	Country	Zip	Gounti	ry .	8. This corporation has liability for in	tangible tax unde I Yes □ No	er s. 199.032,
24	25 9. Name and Address of Cui		[30]		Florida Statutes 10. Name and Address of New Re-		
		· · · · · · · · · · · · · · · · · · ·	8	1 Name			
GUTHRI	e, albert n		8:	2 Street Ad	idress (P.O. Box Number is Not Acceptable	<u>. </u>	
	W. 201 TER			Ollocivio	randa (* 10. dos Harros) to Harri toophasie	,	
HIALEA	H FL 33015		8:	3			
			84	4 City		FL 85	Zip Code
11. Pursuant	to the provisions of Sections 617.0	0502 and 617.1508, Florida Statutes	, the above	named corp	poration submits this statement for the purp	ose of changing	its registered office
or registe familiar w	ered agent, or both, in the State of F vith, and accept the obligations of, S	Florida. Such change was authorized Section 617.0503, Florida Statutes.	toy the cor	poration's bo	oard of directors. I hereby accept the appoi	ntment as registe	ered agent. I am
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable (NOTE	: Registered Ag	ent signature requ	ulred when reinstating)	DATE	
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	CTORS IN 12
TITLE	D COPTADY VACDEDT	□ DELETE	1.1 TITLE			Char	nge 🔲 Addition
NAME	CREARY, VASPERT 3750 NW 204 ST		1.2 NAME				
STREET ADDRESS	CAROL CTY FL			ET ADORESS			
CITY - ST - ZIP TITLE	PD	DELETE	2.1 TITLE			☐ Char	nge Addition
NAME	GUTHRIE, ALBERT N	- Deterit	2.2 NAM				ige Addition
STREET ADDRESS	1100 N W 100TH ST			ET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 00000		2. 4 CITY				
TITLE	TD	DELETE	3.1 TITLE			Char	nge 🔲 Addition
NAME	BRYANT, BERNARD		3.2 NAM	E .			
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP	PEMBROOK PINES FL	□ pro tyr	3.4 CITY	-			
TITLE	PEART, LYNETTE	DELETE	4.1 TITLE			☐ Char	nge
NAME	20000 NIM ee DI		4. 2 NAM				
STREET ADDRESS CITY-ST-ZIP	MIAMI, FL 00000		4.3 STRE	ET ADDRESS			
TITLE	D	DELETE	5.1 TITLE			☐ Char	nge Addition
NAME	KINGSLEY, POWELL	_	5.2 NAM				_
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL		5.4 CITY	- \$1 - ZIP			
TITLE	D DEADY OUR	DELETE	6.1 TITLE			Char	nge 🔲 Addition
NAME	PEART, GUY 20009 NW 66 PL		6.2 NAM				
STREET ADDRESS	MIAMI, FL 00000			ET ADDRESS			
CITY-ST-ZIP 14. I do here	by certify that the information suppl	lied with this filing is voluntarily furnis	6.4 City hed and do	ses not qualif	y for the exemption stated in Section 119.0	7(3)(k). Florida S	tatutes. I further
certify the	at the information indicated on this a	annual report or supplemental annua	emonue	rue and acci	urate and that my signature shall have the s this report as required by Chapter 617, Flor	ame legal effect	as if made under
appears	in Block 12 or Block 13 if changed	an attachment with an address	SS.	A 10 BYBCOIR	ting report as required by Chapter 017, Flor	ica ciatings, and	Julia my name
CICNA	TUDE: ///			BRYAL	15- 132-94	14.6-	200-1473
SIGNA	BIOMATUS NO TYPE	OF PRINTED NAME OF SIGNING OFFICER			15 1-87-94 Date	Daytime P	769-1459
	'	7					

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