


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90086 023 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 752439</b>					
1. Corporation Name <b>OPEN BIBLE COMMUNITY CHURCH OF NORTH MIAMI INC.</b>					
Principal Place of Business 2610 NW 119ST MIAMI FL 33167			Mailing Address 2610 NW 119ST MIAMI FL 33167		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/13/1980</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-2014721</b>	
22 City & State		27 City & State		Applied For <input type="checkbox"/> Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent <b>GUTHRIE, ALBERT N 6004 N.W. 201 TER HIALEAH FL 33015</b>				10. Name and Address of New Registered Agent	
				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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME <b>D CREARY, VASPERT</b>				1.2 NAME			
STREET ADDRESS <b>3750 NW 204 ST</b>				1.3 STREET ADDRESS			
CITY-ST-ZIP <b>CAROL CTY FL</b>				1.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME <b>PD GUTHRIE, ALBERT N</b>				2.2 NAME			
STREET ADDRESS <b>1100 N W 129TH ST</b>				2.3 STREET ADDRESS			
CITY-ST-ZIP <b>MIAMI, FL 00000</b>				2.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME <b>TD BRYANT, BERNARD</b>				3.2 NAME			
STREET ADDRESS <b>20350 NW 3 ST</b>				3.3 STREET ADDRESS			
CITY-ST-ZIP <b>PEMBROOK PINES FL</b>				3.4 CITY-ST-ZIP			
TITLE <input checked="" type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME <b>S PEART, LYNETTE</b>				4.2 NAME <b>JACQUELINE LEWIS</b>			
STREET ADDRESS <b>20009 NW 66 PL</b>				4.3 STREET ADDRESS <b>6725 IXORA DRIVE</b>			
CITY-ST-ZIP <b>MIAMI, FL 00000</b>				4.4 CITY-ST-ZIP <b>MIRAMAR FL 33023</b>			
TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME <b>D KINGSLEY, POWELL</b>				5.2 NAME			
STREET ADDRESS <b>2118 PLUNKET ST</b>				5.3 STREET ADDRESS			
CITY-ST-ZIP <b>HOLLYWOOD FL</b>				5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME <b>D PEART, GUY</b>				6.2 NAME			
STREET ADDRESS <b>20009 NW 66 PL</b>				6.3 STREET ADDRESS			
CITY-ST-ZIP <b>MIAMI, FL 00000</b>				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE RECEIVED - BERNARD BRYANT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)