2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

FILED
04 AUG 20 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 752439

1. Entity Name
OPEN BIBLE COMMUNITY CHURCH OF NORTH MIAMI INC.

Principal Place of Business	Mailing Address
2610 NW 119ST MIAMI, FL 33167 US	2610 NW 119ST MIAMI, FL 33167 US

08132004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2014721 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GUTHRIE, ALBERT N 6004 N.W. 201 TER HIALEAH, FL 33015	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PEART, HECTOR 8560 SHERATON DR. MIRAMAR, FL 33025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ALBERT GUTHRIE 6004 N.W. 201 TER. HIALEAH, FL. 33015	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ANTOINE, JMARYLOU 1441 NW 113 TERRACE MIAMI, FL 33167	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ANTOINE, MARYLOU 1441 N.W. 113 TERRACE MIAMI, FL. 33167	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KNOWLES, LIVINGSTONE 8925 NW 9 COURT MIAMI, FL 33138	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300040690993 08/31/04--01048--010 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KHOURI, ARLENE 14461 NW 15 DRIVE MIAMI, FL 33168	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LLEWELYN, SANDY 3058 NW 203 LANE CAROL CITY, FL 33056	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PEART, GUY 20009 NW 66 PL HIALEAH, FL 33015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: A. Guthrie 8/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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