FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Apr 09, 1999 8:00 am § Secretary of State ORPORATIONS Apr 09, 1999 8:00 am § Secretary of State 04-09-1999 90013 050 ****70.00

3. Date Incorporated or Qualifed

04/27/1964

DOCUMENT # 707202

Corporation Name

OPEN BIBLE COMMUNITY CHURCH OF LAKELAND, INC.

Principal Place of Business 1041 N. DAVIS AVE LAKELAND FL 33805

21

2. Principal Place of Business

Mailing Address

1041 N. DAVIS AVE LAKELAND FL 33805

2a. Mailing Address

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. #, etc.		Suite, Apt.	. #, etc		ده	- 1 4		-		lied For
·	27	, <u>.</u>					<u>59-2302593</u>			Applicable
te		City & Sta	te			1	5. Certificate of Status Desired			
	28	<u> </u>								
Co	ountry	Zip		Country		- 1	, , ,	П	\$5.00 N	
25	29)	30			_1_				Fees
Name and Address of Current Registered Agent						1	0. Name and Address of New R	egistered	Agent	
					Name					
BARTLETT, PERRY M.					Street Add	dress	(P.O. Box Number is Not Accepta	ble)		
1813 LAVON ST.										
LAKELAND FL 33805					O.b.				ies Zin C	aha
				84	City			FL	183 Zip Ci	Jue
44 Developed Services 647 0502 and 647 1508. Elevide Statutes the above pared conversion submits this statement for the purpose of changing its register										egistered
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's poard or directors. I never accept the appointment as registered										
agent. I am tamiliar with, and accept the obligations of, Section o 17,0003, Florida Statutes.										
BL COLOR	d ofisteredt and ti	to X conlicable	(NOTE: Da	gietered Agen	et signature requir	ired whe	ag reinstation)	DATE		— ì
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	To Co 25 9. Name and A 7. PERRY M. ON ST. O FL 33805 to the provisions of registered agent, or arm familiar with, and Signature, typed or printer PCD WALKER, WILBUTT EASTWAY I LAKELAND FL VCD BARTLETT, P M 1813 LAVON ST LAKELAND FL TDS BARTLETT, JAM BARTLETT, JAM	Country 25 9. Name and Address of Current Reg 7. PERRY M. ON ST. OFL 33805 to the provisions of Sections 617.0502 and registered agent, or both, in the State of Floam familiar with, and accept the obligations Signature, typed or printed name of registered agent and the Company of the Country of the C	te City & State Country Zip 25 29 9. Name and Address of Current Registered Ager 7. PERRY M. ON ST. OFL 33805 to the provisions of Sections 617.0502 and 617.1508, Flagistered agent, or both, in the State of Florida. Such cham familiar with, and accept the obligations of, Section 618 Signature, typed of printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS PCD WALKER, WILBURN M. 717 EASTWAY DR. LAKELAND FL VCD BARTLETT, P M 1813 LAVON ST LAKELAND FL TDS BARTLETT, JAMES 1051 N. DAVIS AVE. LAKELAND FL	te City & State 28 Country Zip 25 29 30 9. Name and Address of Current Registered Agent T, PERRY M. ON ST. D FL 33805 to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, registered agent, or both, in the State of Florida. Such change was auth arm familiar with, and accept the obligations of, Section 617.0503, Florida Signature, typed of printed name of registered agent and title if applicable. (NOTE: Re OFFICERS AND DIRECTORS PCD WALKER, WILBURN M. 717 EASTWAY DR. LAKELAND FL VCD BARTLETT, P M 1813 LAVON ST LAKELAND FL TDS BARTLETT, JAMES 1051 N. DAVIS AVE. LAKELAND FL DELETE DELETE DELETE	Country Zip Country 28 Country Zip Country 29 30 30 30 30 30 30 30 30 30 3	te Zip Country Zip Zip	te 28 City & State 28 City & State 28 Country Zip Zi	To City & State City & State Country Country Zip Country Zip Country Zip Country Zip Country A Country G. Election Campaign Financing Trust Fund Contribution 9. Name and Address of Current Registered Agent 10. Name and Address of New R 81 Name 17. PERRY M. ON ST. OFL 33805 84 City To the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept manifemaliar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept manifemaliar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept manifemaliar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the registered agent, or both, in the State of Florida. Signiture, types of privated name of registered Agent agents are required when recitating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFI 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP DELETE 21 TITLE 21 TITLE 22 NAME 33 STREET ADDRESS 44 CITY-ST-ZIP DELETE 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 55 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 55 TITLE 56 NAME 56 STREET ADDRESS 56 ACITY-ST-ZIP 56 STREET ADDRESS 56 ACITY-ST-ZIP 56 STREET ADDRESS 57 ACITY-ST-ZIP 58 STREET ADDRESS 58 ACITY-ST-ZIP 58 STREET ADDRESS 5	Tourity Zip Country Zip Country 6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution 1. Name and Address of Current Registered Agent 10. Name and Address of New Registered J. Name Address (P.O. Box Number is Not Acceptable) No ST. OF I. 33805 PERRY M. OON ST.	To City & State City & State City & State Country City & State City & State City & State Country City & State Country City & State Country City City City City City City City Cit

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 AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

4-7-99

(941) 859-0604 Daytime Phone # :R2E037 (1.1/98)___