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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707202

1. Corporation Name

OPEN BIBLE COMMUNITY CHURCH OF LAKE LAND, INC.

Principal Place of Business

1041 N. DAVIS AVE
LAKE LAND FL 33805

Mailing Address

1041 N. DAVIS AVE
LAKE LAND FL 33805



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/27/1964

21

26

4. FEI Number

Applied For

Suite, Apt. #, etc.

Suite, Apt. #, etc.

59-2302593

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired



\$8.75 Additional Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARTLETT, PERRY M.
1813 LAVON ST.
LAKE LAND FL 33805

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 PCD DELETE
NAME WALKER, WILBURN M.
STREET ADDRESS 717 EASTWAY DR.
CITY-ST-ZIP LAKE LAND FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VCD DELETE
NAME BARTLETT, P M
STREET ADDRESS 1813 LAVON ST
CITY-ST-ZIP LAKE LAND FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TDS DELETE
NAME BARTLETT, JAMES
STREET ADDRESS 1051 N. DAVIS AVE.
CITY-ST-ZIP LAKE LAND FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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: James M. Bartlett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE 4-7-99
Daytime Phone # (94) 859-0604

CR2E037 (1/1/98)