

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:52

DOCUMENT # 707458 (6)

1. Corporation Name

OPEN BIBLE BAPTIST CHURCH, INC.

Principal Place of Business

**ONE BLOCK SOUTH ON OLD SAN MATEO RD.
P.O. BOX 698
EAST PALATKA FL 32131-0698**

Mailing Address

**ONE BLOCK SOUTH ON OLD SAN MATEO RD.
P.O. BOX 698
EAST PALATKA FL 32131-0698**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/18/1964

3a. Date of Last Report

06/07/1994

4. FBI Number

05-0014900

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**WELLS, WAYNE
MAGNOLIA DR., ELGIN GROVE
EAST PALATKA FL 32031**

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 607.0502 and 607.1508, 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 607.0505, 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

TITLE **PD**
NAME **WELLS, WAYNE**
STREET ADDRESS **MAGNOLIA DR., ELGIN GROVE**
CITY-ST-ZIP **EAST PALATKA FL**

TITLE **S**
NAME **BOWEN, PATRICK**
STREET ADDRESS **48 BROWNING LANE**
CITY-ST-ZIP **EAST PALATKA FL**

TITLE **D**
NAME **WODEY, GEORGE**
STREET ADDRESS **RTE 2 SR 21 SOUTH**
CITY-ST-ZIP **MELROSE FL**

TITLE **D**
NAME **BRELAND, R. D.**
STREET ADDRESS **2424 STATE ST.**
CITY-ST-ZIP **PALATKA FL**

TITLE **VD**
NAME **WEEKS, MIKE**
STREET ADDRESS **HWY 315 SOUTH**
CITY-ST-ZIP **GRANDIN FL**

TITLE **T**
NAME **METHVIN, DANIEL**
STREET ADDRESS **RTE 1 YELVINGTON RD**
CITY-ST-ZIP **EAST PALATKA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE: *Wayne Wells* **WAYNE WELLS PD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 2, 1995

Date

904-325-4770

Daytime Phone #