FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 707458 (6)

1. Corporation Name

OPEN BIBLE BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
ONE BLOCK SOUTH ON OLD SAN MATEO RD. P.O. BOX 698 EAST PALATKA FL 32131-0698	ONE BLOCK SOUTH ON OLD SAN MATEO RD. P.O. BOX 698 EAST PALATKA FL 32131-0698

3. Date Incorporated or Qualified: 06/18/1964

3a. Date of Last Report: 04/11/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI 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

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

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 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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WELLS, WAYNE		1.2 NAME		
STREET ADDRESS	MAGNOLIA DR.,ELGIN GROVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	EAST PALATKA FL		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BOWEN, PATRICK		2.2 NAME		
STREET ADDRESS	48 BROWNING LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	EAST PALATKA FL		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WODEY, GEORGE		3.2 NAME		
STREET ADDRESS	RTE 2 SR 21 SOUTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	MELROSE FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BRELAND, R. D.		4.2 NAME		
STREET ADDRESS	2424 STATE ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL		4.4 CITY-ST-ZIP		
~~TITLE~~	~~VD~~	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
~~NAME~~	~~WEEKS, MIKE~~		5.2 NAME	HUNT, ROBERT	
~~STREET ADDRESS~~	~~HWY 315 SOUTH~~		5.3 STREET ADDRESS	137 KNOWLES ROAD	
~~CITY-ST-ZIP~~	~~GRANDIN FL~~		5.4 CITY-ST-ZIP	EAST PALATKA, FLA	
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	METHVIN, DANIEL		6.2 NAME		
STREET ADDRESS	RTE 1 YELVINGTON RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	EAST PALATKA FL		6.4 CITY-ST-ZIP		

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 119.07(3)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 24TH, 1996 (Date) 904-325-4770 (Daytime Phone #)

CR2E037 (12/95)