

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707458

1. Entity 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 FLA 32131-0698

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

05-0014900

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

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME WELLS, DAVID W
STREET ADDRESS 126 RED BIRD LANE
CITY-ST-ZIP EAST PALATKA FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME WODEY, GEORGE
STREET ADDRESS RTE 2 SR 21 SOUTH
CITY-ST-ZIP MELROSE FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME HUNT, ROBERT
STREET ADDRESS 137 KNOWLES ROAD
CITY-ST-ZIP EAST PLATKA FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

WAYNE WELLS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 22, 2000

Date

904-325-4770

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE