


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # 707458	
1. Entity Name OPEN BIBLE BAPTIST CHURCH, INC.	
	
Principal Place of Business 124 OLD SAN MATEO RD EAST PALATKA, FL 32131 US	Mailing Address P O BOX 698 EAST PALATKA, FL 32131 US



04062007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0014900	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HUNT, JOHN R 137 KNOWLES RD EAST PALATKA, FL	DO NOT WRITE IN THIS SPACE
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRELAND, R D 2424 STATE ST PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T METHVIN, DANIEL RT 1 YELVINGTON RD EAST PALATKA, FL 32131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUNT, JOHN R 137 KNOWLES RD EAST PALATKA, FL 32131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPRINGER, JOSEPH 113 MUSKET LANE SATSUMA, FL 32189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/19/07-80037-016 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another like empowered

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph SPRINGER 4/8/07 (386) 325-4770

Date

Daytime Phone #