

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90167 020 \*\*\*\*\*61.25

**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**

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

**HUNT, JOHN R  
137 KNOWLES RD  
EAST PALATKA FL**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                              |                                            |
|----------------|------------------------------|--------------------------------------------|
| TITLE          | P                            | <input type="checkbox"/> Delete            |
| NAME           | <b>WODEY, GEORGE</b>         |                                            |
| STREET ADDRESS | <b>RT 2 SR 21 SOUTH</b>      |                                            |
| CITY-ST-ZIP    | <b>MELROSE FL 32640</b>      |                                            |
| TITLE          | VP                           | <input type="checkbox"/> Delete            |
| NAME           | <b>BRELAND, R D</b>          |                                            |
| STREET ADDRESS | <b>2424 STATE ST</b>         |                                            |
| CITY-ST-ZIP    | <b>PALATKA FL 32177</b>      |                                            |
| TITLE          | T                            | <input type="checkbox"/> Delete            |
| NAME           | <b>METHVIN, DANIEL</b>       |                                            |
| STREET ADDRESS | <b>RT 1 YELVINGTON RD</b>    |                                            |
| CITY-ST-ZIP    | <b>EAST PALATKA FL 32131</b> |                                            |
| TITLE          | S                            | <input type="checkbox"/> Delete            |
| NAME           | <b>HUNT, JOHN R</b>          |                                            |
| STREET ADDRESS | <b>137 KNOWLES RD</b>        |                                            |
| CITY-ST-ZIP    | <b>EAST PALATKA FL 32131</b> |                                            |
| TITLE          | D                            | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>CARTER, DANNY</b>         |                                            |
| STREET ADDRESS | <b>P O BOX 698</b>           |                                            |
| CITY-ST-ZIP    | <b>EAST PALATKA FL 32131</b> |                                            |
| TITLE          | D                            | <input type="checkbox"/> Delete            |
| NAME           | <b>SMITH, PAUL</b>           |                                            |
| STREET ADDRESS | <b>732 S 18 ST</b>           |                                            |
| CITY-ST-ZIP    | <b>PALATKA FL 32177</b>      |                                            |

|                |                         |                                                                              |
|----------------|-------------------------|------------------------------------------------------------------------------|
| TITLE          | VP                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>George Wodey</b>     |                                                                              |
| STREET ADDRESS | <b>RT 2 SR 21 South</b> |                                                                              |
| CITY-ST-ZIP    | <b>Melrose FL 32640</b> |                                                                              |
| TITLE          | D                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>R.D. Breland</b>     |                                                                              |
| STREET ADDRESS | <b>2424 STATE ST</b>    |                                                                              |
| CITY-ST-ZIP    | <b>Palatka FL 32177</b> |                                                                              |
| TITLE          |                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Joseph Springer</b>  |                                                                              |
| STREET ADDRESS | <b>208 Holly Lane</b>   |                                                                              |
| CITY-ST-ZIP    | <b>Palatka FL 32177</b> |                                                                              |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |                                                                              |
| STREET ADDRESS |                         |                                                                              |
| CITY-ST-ZIP    |                         |                                                                              |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* SIGNATURE REQUIRED**

**3/30/03**

CR2E037 (10/02)