FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(9)

FIRST CHURCH OF THE OPEN BIBLE OF TALLAHASSEE, F

FILED Feb 26 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address								
528 EAST EIGH TALLAHASSEE		10		6 East eighth aver Llahassee FL 32303				3. Date Incorporated or Qualified 04/21/1965
								4. FEI Number Applied For
								59-6167633 Not Applicable
2. Principal Place of Business 21			2a.	2a. Mailing Address 26				5. Certificate of Status Desired
Suite, Apt.	#, e tc.			Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be
22			27					Trust Fund Contribution Added to Fees
City & State	ө			City & State				7. Is this nonprofit corporation a homeowners association?
Zip		Country	28	Zip		country		Yes No
· · ·		25	29	Ζίβ	30	20uriu y	,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	9. Name	and Address of Curi		tered Agent	[30]	T		10. Name and Address of New Registered Agent
						81	Name	
KING, JA	ACK L					82	Straat	et Address (P.O. Box Number is Not Acceptable)
	T 8TH STE	REET				02	STORY	it Address (F.O. Box Number is Not Acceptable)
TALLAH/	ASSEE FL	32303				83		
						84	City	■ 85 Zip Code
								FL `
11. Pursuant to office or reagent. La	lo the provis egistered ag m familiar w	tions of Sections 617.0 gent, or both, in the Sta ith, and accept the ob-	502 and 6 ite of Florid ligations of	17.1508, Florida Sta da. Such change wa f, Section 617.0503,	tutes, the is authori Florida S	abov zed b tatute	e-named y the corp s.	od corporation submits this statement for the purpose of changing its registered prporation's board of directors. I hereby accept the appointment as registered
SIGNATURE		•	·					
	Signature, typed	or printed name of registered					ent signature	ure required when reinstating) DATE
12.	- AK	OFFICERS A	ND DIREC		1:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD KING, J	VCK I		☐ DELETE		1 TITLE		C CHARGE T VOCATION
NAME	-	DUTHAMPTON DR				2 NAME		
STREET ADDRESS	_	ASSEE, FL 00000			ľ		ADORESS	·
CITY-ST-ZIP TITLE	D	MODEL, I L UUUU		☐ DELETE		4 CITY - S 1 TITLE	1-ZIP	☐ Change ☐ Addition
NAME	CROSE	Y. R O				2 NAME	Ì	
STREET ADDRESS	_	OX 1004					ADDRESS	s
CITY-ST-ZIP		ASSEE, FL 00000				4 CITY-:		' · · · · · · · · · · · · · · · · · ·
TITLE	D			DELETE		1 TITLE		Change Addition
NAME	JACKSO	N, C WYATT			3.2	2 NAME		
STREET ADDRESS		DRICK RD			3.3	3 STREET	ADDRESS	3
CITY-ST-ZIP	TALLAH	ASSEE, FL 00000			3.4	4. CITY-	ST-ZIP	<u> </u>
TITLE				☐ DELETE	4.1	TITLE		☐ Change ☐ Addition
NAME					4.	2 NAME		
STREET ADDRESS					4.3	3 STREET	ADDRESS	3
CITY-ST-ZIP					4.4	4 CITY - S	T-ZIP	
TITLE				DELETE		1 TITLE		☐ Change ☐ Addition
NAME					5.2	2 NAME		
STREET ADDRESS					5.3	3 STREET	ADDRESS	;
CITY-ST-ZIP				T 50,		CITY-S	T- ZIP	
TITLE				DELETE		1 TITLE		☐ Change ☐ Addition
NAME						2 NAME		
STREET ADDRESS							ADDRESS)
CITY-ST-ZIP					6.4	CITY-S	T-ZIP	

14. 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 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.