


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Moftam Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **712781** (4)

1. Corporation Name

GULFPORT OPEN BIBLE CHURCH, INC.

Principal Place of Business

Mailing Address

**1710-52ND ST SOUTH
GULFPORT FL 33707**

**1710-52ND ST SOUTH
GULFPORT FL 33707-4231**



3. Date Incorporated or Qualified **05/22/1967** 3a. Date of Last Report **03/13/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DILLINGER, M.
6968-62 ST. NO.
PINELLAS PARK FL 33565**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **DILLINGER, C**
STREET ADDRESS **6968-62 ST. NO.**
CITY-ST-ZIP **PINELLAS PARK FL**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **RAGHOO MICHAEL**
1.3 STREET ADDRESS **5128-14 AVE. SO**
1.4 CITY-ST-ZIP **GULFPORT, FLA.**

TITLE **STD** ☐ DELETE
NAME **DILLINGER, MARGARET**
STREET ADDRESS **6968-62 ST. NO.**
CITY-ST-ZIP **PINELLAS PARK FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **GASCON, HENRY**
STREET ADDRESS **245 62 ST SO.**
CITY-ST-ZIP **ST PETERSBURG FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **POLLARD, JOHN**
STREET ADDRESS **3020 56 ST. SO.**
CITY-ST-ZIP **GULFPORT FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **COBANE, MARY REV.**
STREET ADDRESS **4801-16 AVE**
CITY-ST-ZIP **ST PETERSBURG FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **800002126448** ☐ Change ☐ Addition
6.2 NAME **-03/27/97--01109--022**
6.3 STREET ADDRESS *****70.00**
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *Rev. Clarence A. Dillinger* **P. DILLINGER** **L. DILLINGER** **3-8-97** **3-21**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0050397

CR2E037 (9/96)