

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90099 046 ****70.00

DOCUMENT # 712781

1. Entity Name

GULFPORT OPEN BIBLE CHURCH, INC.

Principal Place of Business

Mailing Address

1710-52ND ST-SOUTH
GULFPORT FL 33707

1710-52ND ST SOUTH
GULFPORT FLA 33707-4231

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6167136

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

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

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

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **POLLARD, JOHN**
CITY-ST-ZIP **3020-56 ST SO**
GULFPORT FL

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LEW, PETERSON**
CITY-ST-ZIP **7570 46 AVE. NO.**
ST. PETERSBURG FL 33709

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **POLLARD, JULIA**
CITY-ST-ZIP **3020 56 ST. SO.**
GULFPORT FL 33707

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **RAGHOO, MICHAEL**
CITY-ST-ZIP **5128-14 AVE. SO**
GULFPORT FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Add
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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: REV. C.L. DILLINGER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-2000 (727) 321-3513

Date

Daytime Phone #