

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

0061630

DOCUMENT # 712781

1. Entity Name

GULFPORT OPEN BIBLE CHURCH, INC.

02-26-2001 90539 036 ****70.00

Principal Place of Business

1710-52ND ST SOUTH
 GULFPORT FL 33707

Mailing Address

1710-52ND ST SOUTH
 GULFPORT FL 33707

720615



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GULFPORT, FLA

City & State

GULFPORT FLA

4. FEI Number

59-6167136

Applied For

Not Applicable

Zip

33707

Country

Zip

33707

Country

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

DILLINGER, M.

6968-62 ST. NO.

PINELLAS PARK FL 33781

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

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

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

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

TITLE ☐ Change ☐ 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: *Monica Dillinger* **SIGNATURE REQUIRED: DILLINGER STD 2-14-2001 721-321-3513**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)