

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

09-08-2002 90126 016 ****61.25
FILE 712781

DOCUMENT # 712781

1. Entity Name

GULFPORT OPEN BIBLE CHURCH INC

02 SEP 12 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

978535

2. Principal Place of Business

1710-52 ST. SO.

Suite, Apt. #, etc.

3. Mailing Address

6968-62 ST. NO.

Suite, Apt. #, etc.

PINELLAS PARK

City & State

GULFPORT, FLA

City & State

PINELLAS PARK FLA

Zip

33707

Country

PINELLAS

Zip

33781

Country

pinellas

4. FEI Number

59-6167136

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DILLINGER M.

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

6968-62 ST. NO.

City

PINELLAS PARK

FL

Zip Code

33781

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IN THIS SPACE**

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

FEE IS \$61.25

Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PTD
DILLINGER, C. REV.
6968-62 ST. NO.
PINELLAS PARK FLA.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPTD
LAURA HOWE
5850-44 ST. NO.
ST. PETERSBURG, FLA.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ST TD
M. DILLINGER
6968-62 st.no.
PINELLAS PARK, FLA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
ANN BLEISTEINER
449 WALTON
CHEEKTOWAGA, N.Y.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
LAURA ANDERSON
4100-62 AVE. NO.
ST. PETERSBURG, FLA.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

JB 9/12

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 on an attachment with an address, with all other like empowered.

SIGNATURE Rev. C. Dillinger **REV. C. DILLINGER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-6-02 (167) 544-72-14
Date Daytime Phone #

CR2E037B (12/01)