

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90016 008 ****61.25

DOCUMENT # 712781

1. Entity Name

GULFPORT OPEN BIBLE CHURCH, INC.



Principal Place of Business

6968 - 62 ST. NO.
PINELLAS PARK FL 33781

Mailing Address

6968-62 ST. NO.
PINELLAS PARK FL 33781

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-6167136

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DILLINGER, M
6968-62 ST. NO.
PINELLAS PARK FL 33781

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW - FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to:
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PTD ☒ Delete
NAME DILLINGER, C REV
STREET ADDRESS 6968-62 ST. NO.
CITY-ST-ZIP PINELLAS PARK FL

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

TITLE TD ☐ Delete
NAME BLEISTEINER, ANN
STREET ADDRESS 449 WALTON
CITY-ST-ZIP CHEEKTOWAGA NY

TITLE VTD ☐ Delete
NAME HOLMER, GERTIE
STREET ADDRESS 4400 25 AVE N
CITY-ST-ZIP SAINT PETERSBURG FL 33713

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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 exemptions contained in Section 119, 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: *M. DILLINGER* **M. DILLINGER**

4-16-08