

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **723489** (1)  
1. Corporation Name  
**OPEN BIBLE COMMUNITY CHURCH, INC.**



Principal Place of Business Mailing Address  
**17331 SLATER RD. N. FT. MYERS FL 33917** **17331 SLATER RD. N. FT. MYERS FL 33917**

3. Date Incorporated or Qualified **05/24/1972** 3a. Date of Last Report **04/14/1995**

2. Principal Place of Business 2a. Mailing Address  
21 **SAME AS ABOVE** 26 **P.O. Box 3430**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22  
27  
City & State City & State  
23  
28 **NORTH FORT MYERS FL.**  
Zip Country Zip Country  
24 25 29 **33918** 30 **Lee**

4. FEI Number **59-1408170** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**PETERS, THOMAS A  
18340 MATT RD.  
NORTH FORT MYERS FL 33917**

10. Name and Address of New Registered Agent  
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 617.0403, Florida Statutes.

SIGNATURE *Rev. Thomas A. Peters* *Rev. Thomas A. Peters* **01/21/96**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>PETERS, THOMAS A</b>	
STREET ADDRESS	<b>18340 MATT RD.</b>	
CITY-ST-ZIP	<b>NORTH FT. MYERS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SAPP, A. W</b>	
STREET ADDRESS	<b>251 SE 6TH ST.</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>SAPP, DOROTHY A.</b>	
STREET ADDRESS	<b>251 SE 6TH ST.</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>PHILLIPS, RICHARD A</b>	
STREET ADDRESS	<b>309 BROADVIEW DRIVE</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>REAGAN, DONALD R</b>	
STREET ADDRESS	<b>20251 MEADOW LANE</b>	
CITY-ST-ZIP	<b>N. FT. MYERS FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. Thomas A. Peters* *Rev. Thomas A. Peters* **01/21/96** **543-1141**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)