

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 13 1997 8:00am  
Secretary of State**

**NONPROFIT CORPORATION  
ANNUAL REPORT  
1997**



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: **17331 SLATER RD. N. FT. MYERS FL 33917**  
Mailing Address: **POST OFFICE BOX 3430 N. FT. MYERS FL 33918-3430 US**

3. Date Incorporated or Qualified: **05/24/1972**  
3a. Date of Last Report: **02/09/1996**

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**

4. FEI Number: **59-1408170**  
Applied For:  Not Applicable

Suite, Apt. #, etc.: **22**  
27

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

City & State: **23**  
28

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

Zip: **24** Country: **25**  
29 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**PETERS, THOMAS A  
18340 MATT RD.  
NORTH FORT MYERS FL 33917**

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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

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

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

14. I do 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 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* **REQUIRED** 2-7-97 941-543-1141  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0056834

CR2E037 (9/96)