

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723489

1. Entity Name

OPEN BIBLE COMMUNITY CHURCH, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90129 040 ****70.00

Principal Place of Business

Mailing Address

17331 SLATER RD.
 N. FT. MYERS FL 33917

POST OFFICE BOX 3430
 N. FT. MYERS FL 33918-3430
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1408170

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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	<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 DRIVEQ	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Rev. Thomas A. Peters, President

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-00

Date

(941) 543-1141

Daytime Phone #

CR2E037 (9/99)