

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90005 023 \*\*\*\*70.00

**DOCUMENT # 723489**

1. Entity Name

**OPEN BIBLE COMMUNITY CHURCH, INC.**

Principal Place of Business

Mailing Address

17331 SLATER RD.  
 N. FT. MYERS FL 33917

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

BU027879



DO NOT WRITE IN THIS SPACE

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

Zip

Country

Zip

Country

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

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 Rev. Thomas A. Peters DATE 1/13/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	VD	<input type="checkbox"/> Delete
NAME	PETERS, BONNIE	
STREET ADDRESS	18340 MATT ROAD	
CITY-ST-ZIP	N FORT MYERS FL 33917	
TITLE	D	<input type="checkbox"/> Delete
NAME	REAGAN, DONALD R	
STREET ADDRESS	20251 MEADOW LANE	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MCLAIN, MARILYN	
STREET ADDRESS	9950 QUAIL HOLLOW RD	
CITY-ST-ZIP	N FORT MYERS FL 33917	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Bowen	
STREET ADDRESS	5577 Foxlake Dr.	
CITY-ST-ZIP	N. Ft. Myers, Fl. 33917	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paula Eaton	
STREET ADDRESS	P.O. Box 3606	
CITY-ST-ZIP	N. Ft. Myers, Fl. 33918	

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 DATE 1/13/02 (741)543-1141  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)