


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90087 016 ****70.00

DOCUMENT # 723489					
1. Entity 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 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1408170	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PETERS, THOMAS A		NAME		
STREET ADDRESS	18340 MATT RD.		STREET ADDRESS		
CITY-ST-ZIP	NORTH FT. MYERS, FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PETERS, BONNIE		NAME		
STREET ADDRESS	18340 MATT ROAD		STREET ADDRESS		
CITY-ST-ZIP	N FORT MYERS, FL 33917		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REAGAN, DONALD R		NAME		
STREET ADDRESS	20251 MEADOW LANE		STREET ADDRESS		
CITY-ST-ZIP	N. FT. MYERS, FL		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCLAIN, MARILYN		NAME		
STREET ADDRESS	9950 QUAIL HOLLOW RD		STREET ADDRESS		
CITY-ST-ZIP	N FORT MYERS, FL 33917		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOWEN, JIM		NAME		
STREET ADDRESS	5577 FOXLAKE DR		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33917		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EATON, PAULA		NAME		
STREET ADDRESS	P.O. BOX 3606		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33918		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: <i>Rev. Thomas A. Peters</i>		Rev. THOMAS A. PETERS		3-29-05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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