

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 23, 2007**  
**Secretary of State**

DOCUMENT# 723489

Entity Name: OPEN BIBLE COMMUNITY CHURCH, INC.

**Current Principal Place of Business:**

17331 SLATER RD.  
N. FT. MYERS, FL 33917

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-1408170      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PETERS, THOMAS A  
Address: 18340 MATT RD.  
City-St-Zip: NORTH FT. MYERS, FL

Title: VD ( ) Delete  
Name: PETERS, BONNIE  
Address: 18340 MATT ROAD  
City-St-Zip: N FORT MYERS, FL 33917

Title: D ( ) Delete  
Name: SAPP, KEN  
Address: 419 N.E. 7TH STREET  
City-St-Zip: CAPE CORAL, FL 33993

Title: ST ( ) Delete  
Name: MCLAIN, MARILYN  
Address: 9950 QUAIL HOLLOW RD  
City-St-Zip: N FORT MYERS, FL 33917

Title: D ( ) Delete  
Name: BOWEN, JIM  
Address: 5577 FOXLAKE DR  
City-St-Zip: FORT MYERS, FL 33917

Title: D ( ) Delete  
Name: EATON, PAULA  
Address: P.O. BOX 3606  
City-St-Zip: FORT MYERS, FL 33918

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SHELTON, MIKE  
Address: 333 PARK LANE  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN MCLAIN

ST

03/23/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date