

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723489

FILED
Mar 21, 2009
Secretary of State

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: SHELTON, MIKE
Address: 333 PARK LANE
City-St-Zip: NORTH FORT MYERS, FL 33917

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

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

Title: () Change () Addition
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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 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

03/21/2009

Electronic Signature of Signing Officer or Director

Date