


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 727758 (5)
1. Corporation Name
**OPEN BIBLE BAPTIST CHURCH OF ORANGE CITY, FLORID
A, INC.**

Principal Place of Business 2801 GRAYSON ST ORANGE CITY FL 32763 US	Mailing Address 2801 GRAYSON ST ORANGE CITY FL 32763 US
---	---

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
---	--

3. Date Incorporated or Qualified 10/15/1973	4. FEI Number 59-2071860	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**GUTBERLET, EARL D
301 W. HOLLY DRIVE
ORANGE CITY FL 32763**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
--

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D PALEUS, ALAN
STREET ADDRESS	685 BISHOP AVE.
CITY-ST-ZIP	ORANGE CITY FL
TITLE	<input type="checkbox"/> DELETE
NAME	D GUTBERLET, EARL
STREET ADDRESS	301 W. HOLLY DRIVE
CITY-ST-ZIP	ORANGE CITY FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D BETLEJEWSKI, JANET
STREET ADDRESS	1185 W. EMBASSY DR
CITY-ST-ZIP	DELONTA FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D DENNIS, OLIVIA
STREET ADDRESS	2560 AUDUBON AVE
CITY-ST-ZIP	DELAND FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D PALEUS, JOY
STREET ADDRESS	685 BISHOP AVE
CITY-ST-ZIP	ORANGE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D. BETLEJEWSKI, FRANK
1.3 STREET ADDRESS	377 KINGSLAKE DR.
1.4 CITY-ST-ZIP	DEBARY, FL. 32713
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Earl D. Gutberlet* 3/20/98 (904) 775-4320

CR2E037 (10/97)