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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT	#	727	7	5	8
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1. Corporation Name

OPEN BIBLE BAPTIST CHURCH OF ORANGE CITY, FLORID A. INC.

Principal Place of Business

2801 GRAYSON ST ORANGE CITY FL 32763 Mailing Address

2801 GRAYSON ST ORANGE CITY FL 32763

US

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2. Principal P	lace of Business	2a. Mailing Address						corporated or Qualifed				
21		26						/1973				<u> </u>
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					FEI Nu			<u> </u> _	- · · ·	ied For
22		27					59-20	7.1860				Applicable
City & Stat	e	City & State		5. 4	Certifos	ite of Status Desired				ditional		
23		28	28							Fe	e Req	uired
Zip	Country	Zip	Cour	ntry		6. (Election	n Campaign Financing			۸ 00.	
24	25	29	30					und Contribution			ded to	Fees
	9. Name and Address of Currer	nt Registered Agent				10.	Name :	and Address of New I	Registered	Agent		
			}	81	Name							
CHITREDIT	ET EARL D			82	Street Add	dress (P	O Box	Number is Not Accepta	able)			
		280	Address (P.O. Box Number is Not Acceptable)									
	CITY FL 32763		ľ	83				7				
URANGE	CIT PL 32/03			_						los	7:- 0:	
1			İ	84	City				FL	85	Zip Co	206
44 5	to the provisions of Sections 617.050	2 and 617 1509 Florida Statute	e the sh		-named cor	poration	submit	s this statement for the	purpose of	changir	ng its re	egistered
office or s	poistered agent or both in the State.	of Florida, Such change was au	unonzea	DV I	the corporat	tion's boa	ard of d	lirectors. I hereby accer	pt the appoi	ntment	as regi	stered
agent. 1 a	im familiar with, and accept the obliga	itions of, Section 617.0503, Flor	ida Statu	tes.								
SIGNATURE									DATE			
	Signature, typed or printed name of registered age			Agent	t signature requir	red when rei	nstating)	NS/CHANGES TO OF		ID DIRE	CTOR	S IN 12
12.	, 	ID DIRECTORS	13.	_		^	DOME	AND TANGED TO OF	110211071	□ Cha		Addition
TITLE	D	☐ DELETE	1.1 TITI								ango	
NAME	PALELIS, ALAN		1.2 NA	ME								
STREET ADDRESS	685 BISHOP AVE.		1.3 \$17		ADDRESS		,					
CITY+ST-ZIP	ORANGE CITY FL		1,4 CIT		r-ZIP							
TITLE	D	☐ DELETE	2.1 TIT	LΕ						Cha	ange	☐ Addition
NAME	GUTBERLET, EARL		2.2 NA	ME					c,			•
STREET ADDRESS	AAA MAA MAA MAA BABBAT		2.3 STF	REET	ADDRESS	286	91	Grayson	37			
CITY-ST-ZIP	ORANGE CITY FL		2.4 Cf	TY-S	T-ZIP			,				
TITLE	D	☐ DELETE	3.1 TIT							Cha	ange	Addition
NAME	BETLEJEWSKI, FRANK		3.2 NA	ME								
	377 KINGSLAKE DR		33.ST	RFFT	ADDRESS							
STREET ADDRESS	DEBARY FL 32713		3.4. CIT									•
CITY-ST-ZIP	DEDART FL 32/13	□ DELETE	4.1 TIT		1-2,1				,	Ch	ange	Addition
TITLE]	52.02.12	4. 2 NA								_	•
NAME					ADDRESS							
STREET ADDRESS			1		ADDRESS							
CITY-ST-ZIP		Floriers	4.4 CIT		r-zip			<u> </u>		☐ Chi	ange	☐ Addition
TITLE		☐ DELETE	5.1 TIT		-					<u></u>	90	
NAME												
STREET ADDRESS					ADDRESS							
CITY-ST-ZIP			5.4 CIT		r-ZIP					[] CL	2000	Addition
TITLE		☐ DELETE	6.1 TIT							☐ Ch	arige	
NAME			6.2 NA		Ì							
STREET ADDRESS			6.3 STI	REET	ADDRESS							
CITY-ST-ZIP			6.4 CIT	TY-51	T-ZIP		_					

Li 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 outh; 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, with all other like empowered.

SIGNATURE:

al & GEST Will AQUIRED

1/28/99 (904)775-4320

;R2E037 (11/98)