

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 727758**

1. Entity Name  
**OPEN BIBLE BAPTIST CHURCH OF ORANGE CITY,  
FLORIDA, INC.**



Principal Place of Business  
**2801 GRAYSON ST  
ORANGE CITY, FL 32763 US**

Mailing Address  
**2801 GRAYSON ST  
ORANGE CITY, FL 32763 US**



01032006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2071860**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**PALEIS, ALAN  
2801 GRAYSON  
ORANGE CITY, FL 32763**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	PALEIS, ALAN
STREET ADDRESS	685 BISHOP AVE.
CITY-ST-ZIP	ORANGE CITY, FL
TITLE	D
NAME	BETLEJEWSKI, FRANK
STREET ADDRESS	377 KINGSLAKE DR
CITY-ST-ZIP	DEBARY, FL 32713
TITLE	D
NAME	YOUNG, PAUL
STREET ADDRESS	2595 HILLVIEW CIRCLE
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	D
NAME	SHAW, EDWARD
STREET ADDRESS	440 W NEW YORK AVE
CITY-ST-ZIP	ORANGE CITY, FL 32763
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/17/06-80009-016 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Paul Youmans* **Paul Youmans** **1-4-06** **386-775-4320**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #