

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 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**



01062007 No Chg-NP CR2E037 (4/06)

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

U000000583160
01/11/07-20059-020 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 1-6-07 386-775-4320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #