

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2005**  
**Secretary of State**

DOCUMENT# 731230

**Entity Name:** SOUTHEASTERN U.S. REGION OF OPEN BIBLE STANDARD CHURCHES, INC.

**Current Principal Place of Business:**

911 S. PARSONS  
SUITE J  
BRANDON, FL 33511 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 750  
BRANDON, FL 33509 US

**New Mailing Address:**

**FEI Number:** 59-2917347      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BEAIRD, JAMES M  
2220 CATTLEMAN DRIVE  
BRANDON, FL 33511 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: BEAIRD, JAMES M  
Address: 2220 CATTLEMAN DRIVE  
City-St-Zip: BRANDON, FL 33511

Title: VD ( ) Delete  
Name: KING, JACK,  
Address: 526 EAST 8TH AVE  
City-St-Zip: TALLAHASSEE, FL

Title: STD ( ) Delete  
Name: MAGLOTT, JOHN  
Address: 6414 TOWN & COUNTRY BLVD.  
City-St-Zip: TAMPA, FL 33625

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES M. BEAIRD

PD

01/26/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date