

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 732424

1. Entity Name
SAMOSSET OPEN BIBLE TABERNACLE, INC.



Principal Place of Business
**1612 32ND AVE E
BRADENTON, FL 34208**

Mailing Address
**1612 32ND AVE E
BRADENTON, FL 34208**



01092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1780265

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KIRBY, RICHARD E
1612 32ND AVE EAST
SAMOSSET, FL
SAMOSSET, FL 34208**

**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 reactivating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U000000799439
01/30/08-80068-018 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SLAUGHTER, MR SIDNEY
4130 ALLENSVILLE ROAD
ROXBORO, NC 27573**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SLAUGHTER, MR GARY
6325 18TH AVE. E.
BRADENTON, FL 00000,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MUNCIE, MR TED
1810-67TH ST. CT., EAST
BRADENTON, FL 00000,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
KIRBY, REV RICHARD E
1612 32ND AVE EAST
SAMOSSET, FL 00000,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BOONE, DAVID L.
4520 51ST ST. E.
BRADENTON, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SLAUGHTER, FRANCIS
6325 18TH AVE E
BRADENTON, FL**

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/08
Date

941-746-4661
Daytime Phone #