2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Nov 17, 2005 **DOCUMENT# 748207** Secretary of State

Entity Name: OPEN BIBLE BAPTIST CHURCH, INC. OF MIAMI, FLORIDA

Current Principal Place of Business: New Principal Place of Business:

27535 SW 167 AVE 9660 DOMINICAN DR HOMESTEAD, FL 330312700 MIAMI, FL 33189

Current Mailing Address: New Mailing Address:

27535 SW 167 AVE 9660 DOMINICAN DR HOMESTEAD, FL 330312700 MIAMI, FL 33189

FEI Number: 59-2620304 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

STALLINGS, DAVID L 9660 DOMINICAN DR. MIAMI, FL 33189

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

(X) Change () Addition

() Delete JACOBS, JAMES T STALLINGS, DAVID L Name: Name: 27535 SW 167 AVE Address: 9660 DOMINICAN DR Address: City-St-Zip: HOMESTEAD, FL 330312700 City-St-Zip: MIAMI, FL 33189

Title: SD () Delete Title: SD (X) Change () Addition

Name: STALLINGS, DAVID L Name: HOWARD, DAN R Address: 9660 DOMINICAN DR Address: 21900 SW 157TH AV. City-St-Zip: MIAMI, FL 33189 City-St-Zip: MIAMI, FL 33170

Title: () Delete Title: (X) Change () Addition

ROBLEDO, RAFAELA Name: LOUNSBERY, GARY Name: 27535 SW 167 AVE Address: Address: 17350 SW 232 ST City-St-Zip: HOMESTEAD, FL 330312700 City-St-Zip: MIAMI, FL 33170

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: DAVID L STALLINGS PD 11/17/2005