

**FILE NOW: FILING FEE IS \$61.25**

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**Feb 13 1997 8:00am  
Secretary of State**

**NONPROFIT CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 752439 (0)**

1. Corporation Name  
**OPEN BIBLE COMMUNITY CHURCH OF NORTH MIAMI INC.**



Principal Place of Business Mailing Address  
**2610 NW 119ST MIAMI FL 33167 2610 NW 119ST MIAMI FL 33167-2664**

3. Date Incorporated or Qualified **05/13/1980** 3a. Date of Last Report **02/01/1996**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number <b>59-2014721</b>	Applied For	<input type="checkbox"/>	Not Applicable	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b>	Additional Fee Required	
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b>	May Be Added to Fees	
24	Zip	25	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GUTHRIE, ALBERT N  
6004 N.W. 201 TER  
HIALEAH FL 33015**

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	<b>FL</b>	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CREARY, VASPERT</b>		1.2 NAME	<b>LIVINGSTON KNOWLES</b>	
STREET ADDRESS	<b>3750 NW 204 ST</b>		1.3 STREET ADDRESS	<b>8925 N.E. 9th CT</b>	
CITY-ST-ZIP	<b>CAROL CTY FL</b>		1.4 CITY-ST-ZIP	<b>MIAMI FLORIDA 33138</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GUTHRIE, ALBERT N</b>		2.2 NAME	<b>LLEWELYN SANDY</b>	
STREET ADDRESS	<b>1100 N W 129TH ST</b>		2.3 STREET ADDRESS	<b>3058 N.W. 203 LANE</b>	
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>		2.4 CITY-ST-ZIP	<b>MIAMI FLORIDA 33054</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRYANT, BERNARD</b>		3.2 NAME		
STREET ADDRESS	<b>20350 NW 3 ST</b>		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>PEMBROOK PINES FL</b>		3.4 CITY-ST-ZIP		
TITLE	<b>S</b>	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEART, LYNETTE</b>		4.2 NAME		
STREET ADDRESS	<b>20009 NW 66 PL</b>		4.3 STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>		4.4 CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KINGSLEY, POWELL</b>		5.2 NAME		
STREET ADDRESS	<b>2118 PLUNKET ST</b>		5.3 STREET ADDRESS		
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>		5.4 CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEART, GUY</b>		6.2 NAME		
STREET ADDRESS	<b>20009 NW 66 PL</b>		6.3 STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE: **L. BERNARD (BRYANT)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1-26-97** Daytime Phone #: **305-769-1111**  
Date Daytime Phone # 0032195

CR2E037 (9/96)