

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90149 048 \*\*\*\*61.25

**DOCUMENT # 752439**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2014721**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	CREARY, VASPERT	
STREET ADDRESS	3750 NW 204 ST	
CITY-ST-ZIP	CAROL CTY FL 33055	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GUTHRIE, ALBERT N	
STREET ADDRESS	1100 N W 129TH ST	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BRYANT, BERNARD	
STREET ADDRESS	20350 NW 3 ST	
CITY-ST-ZIP	PEMBROOK PINES FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, JACQUELINE	
STREET ADDRESS	6725 IXORA DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KINGSLEY, POWELL	
STREET ADDRESS	2118 PLUNKET ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEART, GUY	
STREET ADDRESS	20009 NW 66 PL	
CITY-ST-ZIP	MIAMI, FL 00000	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIVINGSTONE KNOWLES	
STREET ADDRESS	8925 N.E. 9 CT.	
CITY-ST-ZIP	MIAMI STRESS, FL. 33138	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERT GUTHRIE	
STREET ADDRESS	6004 N.W. 201 TER.	
CITY-ST-ZIP	HIALEAH, FL. 33015	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARLENE KNORR	
STREET ADDRESS	14461 N.W. 15 DRIVE	
CITY-ST-ZIP	MIAMI, FL. 33168	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEWELYN SANDY	
STREET ADDRESS	3058 N.W. 203 LANE	
CITY-ST-ZIP	CAROL CITY, FL. 33056	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HECTOR PEART	
STREET ADDRESS	8360 SHARATON DRIVE	
CITY-ST-ZIP	MIRAMAR, FL. 3302	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUY PEART	
STREET ADDRESS	20009 N.W. 66 PL	
CITY-ST-ZIP	HIALEAH, FL. 33015	

12. I 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 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**

Date **1/27/01**

Daytime Phone #

CR2E037 (10/00)