

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90127 030 \*\*\*\*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

4. FEI Number

**59-2014721**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CREARY, VASPERT</b>	
STREET ADDRESS	<b>3750 NW 204 ST</b>	
CITY-ST-ZIP	<b>OPA LOCKA FL 33055</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>GUTHRIE, ALBERT N</b>	
STREET ADDRESS	<b>6004 NW 201 TERR</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33015</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KNOWLES, LIVINGSTONE</b>	
STREET ADDRESS	<b>8925 NW 9 COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33138</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>KHONRI, ARLENE</b>	
STREET ADDRESS	<b>14461 NW 15 DRIVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33168</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LLEWGLYNN, SANDY</b>	
STREET ADDRESS	<b>3058 NW 203 LANE</b>	
CITY-ST-ZIP	<b>CAROL CITY FL 33056</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PEART, GUY</b>	
STREET ADDRESS	<b>20009 NW 66 PL</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33015</b>	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D HECTOR PEART</b>	
STREET ADDRESS	<b>8560 SHERATON DR.</b>	
CITY-ST-ZIP	<b>MIRAMAR, FL. 33025</b>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SD JACQUELINE LEWIS</b>	
STREET ADDRESS	<b>6725 IXORA DR.</b>	
CITY-ST-ZIP	<b>MIRAMAR, FL. 33023</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *Albert Guthrie* **ALBERT GUTHRIE** 1/31/02 (305) 769-1420  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)