

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90052 048 ****61.25

DOCUMENT # 752439

1. Entity Name
OPEN BIBLE COMMUNITY CHURCH OF NORTH MIAMI INC.



Principal Place of Business
**2610 NW 119ST
MIAMI FL 33167**

Mailing Address
**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. 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 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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
NAME **PGART, HECTOR**
STREET ADDRESS **8560 S HERATON DR**
CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE Change Addition
NAME **PGART, HECTOR**
STREET ADDRESS **8560 SHERATON DR.**
CITY-ST-ZIP

TITLE **SD** Delete
NAME **LEWIS, JACQUELINE**
STREET ADDRESS **6725 IXORA DR**
CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **KNOWLES, LIVINGSTONE**
STREET ADDRESS **8925 NW 9 COURT**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** Delete
NAME **KHONRI, ARLENE**
STREET ADDRESS **14461 NW 15 DRIVE**
CITY-ST-ZIP **MIAMI FL 33168**

TITLE Change Addition
NAME **KHONRI, ARLENE**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **LLEWGLYNN, SANDY**
STREET ADDRESS **3058 NW 203 LANE**
CITY-ST-ZIP **CAROL CITY FL 33056**

TITLE Change Addition
NAME **SANDY, LLEWELYN**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **PEART, GUY**
STREET ADDRESS **20009 NW 66 PL**
CITY-ST-ZIP **HIALEAH FL 33015**

TITLE Change 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 N GUTHRIE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/03 305.769.1420

CR2E037 (10/02)