

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 20 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 765262 (1)
1. Corporation Name
OPEN BIBLE GOSPEL TABERNACLE INC.

Principal Place of Business Mailing Address
% THOMAS J. HILL
216 WASHINGTON AVE
HOMESTEAD FL 33030-6034

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/01/1982** 3a. Date of Last Report **03/24/1994**
4. FEI Number **59-2455280** Applied For
Not Applicable
5. Certificate of Status Desired **\$0.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **26** **Thomas J Hill**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27** **16741 SW 278 ST**
City & State City & State
23 **28** **HOMESTEAD FL**
Zip Country Zip Country
24 **25** **29** **33031** **30** **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HILL, THOMAS J.
16741 S.W. 278 ST.
HOMESTEAD FL 33031

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, THOMAS J	1.2 NAME	
STREET ADDRESS	16741 S 278 ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	HOMESTEAD FL	1.4 CITY - ST - ZIP	
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, BARRY A	2.2 NAME	
STREET ADDRESS	18050 SW 355 ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	FLORIDA CITY FL 33034	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCURDY, CHARLES	3.2 NAME	
STREET ADDRESS	30715 SW 188TH CT.	3.3 STREET ADDRESS	
CITY - ST - ZIP	HOMESTEAD FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIMS, GUSSIE	4.2 NAME	
STREET ADDRESS	365 NW 17TH ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	HOMESTEAD FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HULING, PAUL	5.2 NAME	
STREET ADDRESS	24500 SW 162ND AVE.	5.3 STREET ADDRESS	
CITY - ST - ZIP	HOMESTEAD FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Date **Apr 5 95**

800-432-4350