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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **765262**

1. Corporation Name

OPEN BIBLE GOSPEL TABERNACLE INC.

Mailing Address Principal Place of Business THOMAS J HILL % THOMAS J. HILL 216 WASHINGTON AVE 16741 SW 278 ST HOMESTEAD FL 33031 HOMESTEAD FL 33030-6034 3. Date incorporated or Qualifed 2. Principal Place of Business 2a. Mailing Address 10/01/1982 26 21 Applied For 4. FEI Number Suite, Apt. #, etc. Suite, Apt. #, etc. 59-2455280 Not Applicable 27 22 \$8.75 Additional City & State City & State 5. Certificate of Status Desired Fee Required 28 23 Country \$5.00 May Be Zip Election Campaign Financing Zip Country Trust Fund Contribution Added to Fees 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HILL THOMAS J. 82 Street Address (P.O. Box Number is Not Acceptable) 16741 S.W. 278 ST. 83 HOMESTEAD FL 33031 85 Zip Code 84 City 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 (NOTE: Registered Agent signature required when reinstating) Stgnature, typed or printed name of registered agent and title if applicable. (11/98 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13 Addition DELETE ☐ Change 1.1 TITLE TITLE CR2E037 HILL, THOMAS J 1.2 NAME NAME 16741 S 278 ST. 1.3 STREET ADDRESS STREET ADDRESS HOMESTEAD FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 2.1 TITLE TILE VSD MYERS, BARRY A 22 NAME NAME 18050 SW 355 ST 2.3 STREET ADDRESS STREET ADDRESS FLORIDA CITY FL 33034 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE TITLE 3.1 TITLE MCCURDY, CHARLES 3.2 NAME NAME 30715 SW 188TH CT. 3.3 STREET ADDRESS STREET ADDRESS HOMESTEAD FL CITY-ST-ZIP 3.4. CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME MIMS, GUSSIE NAME 365 NW 17TH ST. 4.3 STREET ADDRESS STREET ADDRESS HOMESTEAD FL 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE ☐ Change DELETE TITLE 6.2 NAME NAME

CITY-ST-ZIP 14. 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 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 trustely empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP