

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765262

1. Entity Name

OPEN BIBLE GOSPEL TABERNACLE INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90036 047 ****70.00

Principal Place of Business

Mailing Address

% THOMAS J. HILL
 216 WASHINGTON AVE
 HOMESTEAD FL 33030-6034

THOMAS J HILL
 16741 SW 278 ST
 HOMESTEAD FL 33031-2725
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2455280

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

Thomas J Hill

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Apr 10, 2000

**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	PTD	<input type="checkbox"/> Delete
NAME	HILL, THOMAS J	
STREET ADDRESS	16741 S 278 ST.	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	MYERS, BARRY A	
STREET ADDRESS	18050 SW 355 ST	
CITY-ST-ZIP	FLORIDA CITY FL 33034	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCURDY, CHARLES	
STREET ADDRESS	30715 SW 188TH CT.	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIMS, GUSSIE	
STREET ADDRESS	365 NW 17TH ST.	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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:

Thomas J Hill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 10, 2000

Date

305-451-3782

Daytime Phone #

CR2E037 (9/99)