2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000002212

1. Entity Name

FT. LAUDERDALE OPEN BIBLE INSTITUTE, INCORPORATED

✓

Principal Place of Business	Mailing Address
4767 NW 24 CT LAUDERDALE LAKES FL 33313	4767 NW 24 CT LAUDERDALE LAKES FL 33313

2. Principal Place of Business	3. Mailing Address		
Same as above			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		

4. FEI Number 65-0126325

☐ 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
BAUGH, ALLAN 4767 NW 24 CT LAUDERDALE LAKES FL 33313	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 *ALLAN B BAUGH*

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 **D** NAME STREET ADDRESS CITY-ST-ZIP	President - Director Allan Baugh 4871 NW 7 Dr Plantation, Fl 33317	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE **D** NAME STREET ADDRESS CITY-ST-ZIP	Director Winston Campbell 3360 Spanish Moss Terr, #404 Lauderhill, Fl 33319	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE **T** NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treas. Daphne ~~Francis~~ ROYES ~~PO Box 190215~~ 3365 NW 33 COURT ~~Sunrise~~ Fl 33309 Lauderdale Lks.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: *Allan Baugh* /R/ ALLAN BAUGH   07-27-02   954 731-1199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

Attachment

40732

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 25, 2002

FT. LAUDERDALE OPEN BIBLE INSTITUTE, INCORPORATED
4767 NW 24 CT
LAUDERDALE LAKES, FL 33313

Subject: **FT. LAUDERDALE OPEN BIBLE INSTITUTE, INCORPORATED**

Reference Number: N01000002212

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $70.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/NS

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314