

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 24, 2006 08:00 AM  
Secretary of State

DOCUMENT # N01000002212

1. Entity Name  
FT. LAUDERDALE OPEN BIBLE INSTITUTE,  
INCORPORATED



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

Mailing Address  
4767 NW 24 CT  
LAUDERDALE LAKES, FL 33313



04192006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0126325

Applied For  
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BAUGH, ALLAN  
4767 NW 24 CT  
LAUDERDALE LAKES, FL 33313

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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

*Allan Baugh*

ALLAN BAUGH

4-24-06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution.



\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BAUGH, ALLAN
STREET ADDRESS	4871 NW 7 DRIVE
CITY-STATE-ZIP	PLANTATION, FL 33317
TITLE	D
NAME	CAMPBELL, WINSTON
STREET ADDRESS	3981 NW 108 DR
CITY-STATE-ZIP	CORAL SPRINGS, FL 33065
TITLE	ST
NAME	ROYES, DAPHNE
STREET ADDRESS	3365 NW 33 COURT
CITY-STATE-ZIP	LAUDERDALE LAKES, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000533721  
05/06/06-80133-010 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-06

Date

Daytime Phone #