

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90044 028 \*\*\*\*70.00

**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



01222007 No Chg-NP CR2E037 (4/06)

**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

**DO NOT WRITE  
IN THIS SPACE**

**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**

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, 2007**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
PD  
BAUGH, ALLAN  
4871 NW 7 DRIVE  
PLANTATION, FL 33317

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
D  
CAMPBELL, WINSTON  
3981 NW 108 DR  
CORAL SPRINGS, FL 33065

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
ST  
ROYES, DAPHNE  
3365 NW 33 COURT  
LAUDERDALE LAKES, FL 33309

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**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:**

*Daphne Royes* **DAPHNE ROYES**

04/11/07

Date

Daytime Phone #