


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000002212</b>	
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
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<b>DO NOT WRITE IN THIS SPACE</b>
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02192008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0126325	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

8. 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 <u>Allan Baugh - Pastor</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <u>03/31/08</u> <small>(NOTE: Registered Agent signature required when renewing)</small>

Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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 33085
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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000879558 04/15/08-80040-021 210.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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: <u>Daphne Royes</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>03.31.08</u> DAYTIME PHONE # <u>954 640-3612</u>