

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000006455

1. Entity Name
**OPEN BIBLE EV. LUTHERAN CHURCH AT THE
VILLAGES, CORP.**



Principal Place of Business
**25712 OAK ALLEY
LEESBURG, FL 34748**

Mailing Address
**25712 OAK ALLEY
LEESBURG, FL 34748**



01252005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-1070057

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MEIER, PASTOR DONALD W
25712 OAK ALLEY
LEESBURG, FL 34748-8201**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHAEFER, HERBERT
STREET ADDRESS	3101 ARCHER AVE
CITY-ST-ZIP	THE VILLAGES, FL 32162

TITLE	D
NAME	DUESSLER, DENNIS
STREET ADDRESS	11950 SE 178TH
CITY-ST-ZIP	SUMMERFIELD, FL 34491

TITLE	D
NAME	SCHLICHT, EARL
STREET ADDRESS	BOX 1307 1104 APRIL HILLS BLVD
CITY-ST-ZIP	LADY LAKE, FL 32158

TITLE	D
NAME	HARTSHORN, DOUG
STREET ADDRESS	3332 ATWELL AVE
CITY-ST-ZIP	THE VILLAGES, FL 32162

TITLE	D
NAME	NIERMEYER, RUSS
STREET ADDRESS	3056 BATALLY CT
CITY-ST-ZIP	THE VILLAGES, FL 32162

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/29/05-80058-024 61.25

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IN THIS SPACE**

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: *Donnie F. Dumber* *4/25/05* *352-245-3052*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #