

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000006455

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



Principal Place of Business

**10935 SE. 177TH PL.
SUITE #502
SUMMERFIELD, FL 34491**

Mailing Address

**10935 SE. 177TH PL.
SUITE #502
SUMMERFIELD, FL 34491**



01062007 No Chg-NP

CR2E037 (4/06)

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

**SCHAEFER, HERBERT
3101 ARCHER AVE.
LADY LAKE, FL 32162**

**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 of the person who is registered agent and the fees paid.

Signature of Agent or other required officer or director.

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
**D
SCHAEFER, HERBERT
3101 ARCHER AVE
THE VILLAGES, FL 32162**

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

U000000591332
01/19/07-80017-020 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 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 another fee empowered.

SIGNATURE _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/07

Signature of Agent