


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

01-21-2004 90007 040 \*\*\*\*61.25

<b>DOCUMENT # N0300007271</b>			
1. Entity Name <b>OPEN BIBLE BELIEVERS CHURCH, INC.</b>			
Principal Place of Business <b>9921 NEW KINGS RD #108 JACKSONVILLE, FL 32219</b>		Mailing Address <b>9921 NEW KINGS RD #108 JACKSONVILLE, FL 32219</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
Country		Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CASTLE, MICHAEL D 9921 NEW KINGS RD #108 JACKSONVILLE, FL-32219</b>		Name Street Address (P.O. Box Number is Not Acceptable) City	
		<b>FL</b> Zip Code	
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 <i>Michael D Castle</i>		SIGNATURE <i>Michael D Castle</i>	
Signature, board or board of registrars and filer (applicable)		DATE <b>01-11-04</b>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CASTLE, MICHAEL D 9921 NEW KINGS RD #108 JACKSONVILLE, FL 32219</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GREER, BOBBY 9921 NEW KINGS RD #108 JACKSONVILLE, FL 32219</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WATERS, DONALD 9921 NEW KINGS RD #108 JACKSONVILLE, FL 32219</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 a power of attorney.			
SIGNATURE: <i>Michael D Castle</i>		SIGNATURE: <i>Michael D Castle</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: <b>01-11-04</b> 944-7642483	

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01102004 Chg-NP CR2E037 (10/03)

4. FEI Number **26-0000227** Applied For Not Applicable

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