

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

**FILED**

**Jan 25, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # N03000007271**

1. Entity Name  
**OPEN BIBLE BELIEVERS CHURCH, INC.**



Principal Place of Business  
**9921 NEW KINGS RD #108  
JACKSONVILLE, FL 32219**

Mailing Address  
**9921 NEW KINGS RD #108  
JACKSONVILLE, FL 32219**



01202005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FCI Number

**26-0000227**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CASTLE, MICHAEL D  
9921 NEW KINGS RD #108  
JACKSONVILLE, FL 32219**

**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 must be printed name of registered agent and if applicable

Printed Registered Agent Signature (if filed with statement)

DATE

**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  
NAME  
STREET ADDRESS  
CITY ST ZIP  
**D  
CASTLE, MICHAEL D  
9921 NEW KINGS RD #108  
JACKSONVILLE, FL 32219**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
**D  
GREER, BOBBY  
9921 NEW KINGS RD #108  
JACKSONVILLE, FL 32219**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
**D  
WATERS, DONALD  
9921 NEW KINGS RD #108  
JACKSONVILLE, FL 32219**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

U00000194877  
01/26/05-80004-019 61.25

**DO NOT WRITE  
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)(c), 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 017, 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:**

*Michael D Castle*  
**Michael D Castle**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*01-20-05*  
**01-20-05**

Date

*94764-2483*  
**94764-2483**

Document Number