



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N03000007614 1. Entity Name OPEN BIBLE MINISTRIES INC.						05 SEP 28 AM 11:55 05	
Principal Place of Business 813 PINWOOD WAY SW LIVE OAK FL 32060 US				Mailing Address 3043 133 RD LIVE OAK FL 32060 US			
2. Principal Place of Business Duval & Walker Avenue		3. Mailing Address 					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State Live Oak, FL		City & State 					
Zip 32064		Country Switzerland		4. FEI Number 20-0195840		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E037 (10/04) 05			
6. Name and Address of Current Registered Agent WASHINGTON, ELLAWESE PASTOR 3043 133 RD LIVE OAK FL 32060				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW: FEE IS \$61.25 Due By May 1, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	P, WASHINGTON, ELLAWESE PASTOR 3043 133 RD LIVE OAK FL 32060 <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	VP PARKS, ANTHONY DEACON 1038 CLINTON AVE IRVINGTON NJ 07111 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100059795461 09/20/05--01069--002 **70.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS SMITH, ISAAC 3043 133 RD LIVE OAK FL 32060 <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	SECR GILLYARD, APRIL 3043 133 RD LIVE OAK FL 32060 <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	VP PARKS, ANTHONY 1038 CLINTON AVE IRVINGTON NJ 07111 <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	D BROWN, SHARLINE 521 SW WALKER AVE LIVE OAK FL 32064 <input checked="" 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)(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: Ellawese Washington, Pastor 9/26/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							