2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 18, 2008 8:00 am Secretary of State

02-18-2008 90008 035 ****78.75

1. Entity Nam	MENT # N05000010 Y OPEN BIBLE COMMUNIT				AONY	6640			C., 5
Principal Place of Business 3900 NW 89TH AVE. HOLLYWOOD, FL 33024 Mailing Address 3900 NW 89TH AVE. HOLLYWOOD, FL 33024			4		4002				
2. Principal Place of Business - No P.O. Box # 8900 Stirling Road		3. Mailing Address SAME							
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				ng-NP	CR2E037	<u> </u>	
City & Stat	per City FL	City & State			4. FEI Number 20-361581	5		No	oplied For ot Applicable
Zip 330	Country US	Zip _	Coun	ntry	5. Certificate of Str		Fe	e Require	ditional
	6. Name and Address of Current	Registered Agent		Name	7. Name and Add	ress of New Reg	gistered Ag	ent	
FRANCIS, KARL A 3900 NW 89TH AVE.					NCIS, KARL A (P.O. Box Number is Not Acceptable) 900 Stirling Road				
HOLLYWO	OOD, FL 33024					ing nou			
54	named entity submits this statement fo				per City		FL		024
SIGNATURE	ions of registered agent.				<u>-</u>				
	Signature, typed or printed name or registered ages in	and the trapparatie (MOIE	Registered a	Agent signature require	d when reinstriling)		DATE		
	Filling Fee is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund C	npeign Fir	nancing	\$5.00 May Be Added to Fees		ke check place	•	
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIE	9. Election Cam Trust Fund C	npeign Fir contributio	nancing	\$5.00 May Be	Florid	ke check p la Departn S AND DIRE	CTORS IN	tate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIF P FRANCIS, KARL A 3900 NW 89TH AVE.	9. Election Cam Trust Fund C	npeign Fir contributio	nancing on. P F T ADDRESS 8	\$5.00 May Be Added to Fees ADDITIONS/CHANGE rancis, K	Florid ESTO OFFICERS arl A ing Rôa	ke check j la Departin S AND DIRE X	CTORS IN	tate
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Thereby certify that the information supplied with this limit does not quality for the exemptors contained in Chapter 11st, rounds 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 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 that the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-68

934-438-560

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Daytime Phone #