

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 20 11 08 AM

DOCUMENT # **N29028** (0)

1. Corporation Name

**FIRST CHURCH OF THE OPEN BIBLE FT. LAUDERDALE, I  
NC**

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 2030 NORTHWEST 49TH AVENUE LAUDERHILL FL 33313  
Mailing Address: 2030 NORTHWEST 49TH AVENUE LAUDERHILL FL 33313

3. Date Incorporated or Qualified: 10/27/1988  
3a. Date of Last Report: 08/24/1994

4. FEI Number: 65-0126325  
Applied For: Not Applicable

2. Principal Place of Business: 21  
2a. Mailing Address: 2a

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

Suite, Apt. #, etc.: 22

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

City & State: 23

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  \$68.75 Supplemental Fee Not Required

Zip: 24 Country: 25

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reselecting

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUGH, ALLAN	1.2 NAME	
STREET ADDRESS	2030 NORTHWEST 49TH AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAUDERHILL FL 33313	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROYES, DAPHNE	2.2 NAME	
STREET ADDRESS	2030 NORTHWEST 49TH AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAUDERHILL FL 33313	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEECH, LLOYD	3.2 NAME	
STREET ADDRESS	2030 NORTHWEST 49TH AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAUDERHILL FL 33313	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENTON, RAOUL	4.2 NAME	
STREET ADDRESS	2030 NORTHWEST 49TH AVENUE	4.3 STREET ADDRESS	
CITY - ST - ZIP	LAUDERHILL FL 33313	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(h), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Allan Baugh*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #