

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N29028** (0)
1. Corporation Name
FIRST CHURCH OF THE OPEN BIBLE FT. LAUDERDALE, I NC



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: **06/20/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0126325		Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	ELDER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAUGH, ALLAN	1.2 NAME	LENARD POWELL
STREET ADDRESS	2030 NORTHWEST 49TH AVENUE	1.3 STREET ADDRESS	3122 NW 108TH STREET
CITY-ST-ZIP	LAUDERHILL FL 33313	1.4 CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	D <input type="checkbox"/> DELETE	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 <input checked="" type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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)(k), 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* **4-30-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)