


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

APPROVED AND FILED

95 APR 26 PM 12: 51

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northern Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N41669 (5)
 1. Corporation Name
OPEN BIBLE CHURCH, INC.

Principal Place of Business 1200 30TH AVE. NORTH ST. PETERSBURG FL 33704	Mailing Address 1200 30TH AVE. NORTH ST. PETERSBURG FL 33704
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/15/1991	3a. Date of Last Report 04/14/1994
4. FEI Number 59-0791036	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 22	City & State 27
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**CARLIER, GEORGE I.
1614 1ST STREET NORTH
SUITE 1
ST. PETERSBURG FL 33704**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 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 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 607.0505, Florida Statutes.

SIGNATURE: *George I. Carlier* (NOTE: Registered Agent signature required when reappointing) DATE: **4/19/95**

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	CARLIER, GOERGE I.
STREET ADDRESS	1614 1ST STREET NORTH
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	PD
NAME	PERUCHE, NORMAN JR.
STREET ADDRESS	3300 21ST STREET NORTH
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	VD
NAME	HADALA, STEVE
STREET ADDRESS	1444 28TH AVENUE NORTH
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	SD
NAME	SONN, ROY
STREET ADDRESS	6383 5TH AVENUE NORTH
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	TD
NAME	DENTON, JOHN
STREET ADDRESS	1219 46TH AVENUE NORTH
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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: *Roy G. Sonn* **Roy G. Sonn** DATE: **4/20/95** 381-8699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR