

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Qualified: **01/15/1991**  
3a. Date of Last Report: **04/26/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-0791036**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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 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: **GEORGE I CARLIER** DATE: **4/25/96**

12. OFFICERS AND DIRECTORS

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | CD                     | <input type="checkbox"/> DELETE |
| NAME           | CARLIER, GOERGE I.     |                                 |
| STREET ADDRESS | 1614 1ST STREET NORTH  |                                 |
| CITY-ST-ZIP    | ST. PETERSBURG FL      |                                 |
| TITLE          | PD                     | <input type="checkbox"/> DELETE |
| NAME           | PERUCHE, NORMAN JR.    |                                 |
| STREET ADDRESS | 3300 21ST STREET NORTH |                                 |
| CITY-ST-ZIP    | ST. PETERSBURG FL      |                                 |
| TITLE          | VD                     | <input type="checkbox"/> DELETE |
| NAME           | HADALA, STEVE          |                                 |
| STREET ADDRESS | 1444 28TH AVENUE NORTH |                                 |
| CITY-ST-ZIP    | ST. PETERSBURG FL      |                                 |
| TITLE          | SD                     | <input type="checkbox"/> DELETE |
| NAME           | SONN, ROY              |                                 |
| STREET ADDRESS | 6363 5TH AVENUE NORTH  |                                 |
| CITY-ST-ZIP    | ST. PETERSBURG FL      |                                 |
| TITLE          | TD                     | <input type="checkbox"/> DELETE |
| NAME           | DENTON, JOHN           |                                 |
| STREET ADDRESS | 1219 46TH AVENUE NORTH |                                 |
| CITY-ST-ZIP    | ST. PETERSBURG FL      |                                 |
| TITLE          |                        | <input type="checkbox"/> DELETE |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |   |
|-------------------|---|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |   |
| 13 STREET ADDRESS |   |
| 14 CITY-ST-ZIP    |   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |   |
| 23 STREET ADDRESS |   |
| 24 CITY-ST-ZIP    |   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |   |
| 33 STREET ADDRESS |   |
| 34 CITY-ST-ZIP    |   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |   |
| 43 STREET ADDRESS |   |
| 44 CITY-ST-ZIP    |   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |   |
| 53 STREET ADDRESS |   |
| 54 CITY-ST-ZIP    |   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |   |
| 63 STREET ADDRESS |   |
| 64 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: *George I. Carlier* DATE: **4/25/96** TELEPHONE: **813/895-5488**

CR2E037 (12/95)