


FILE NOW: FILING FEE IS \$61.25

FILED

**May 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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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3. Date Incorporated or Qualified
01/15/1991

4. FEI Number
59-0791036

Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

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

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**CARRIER, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	CARRIER, GOERGE I.	
STREET ADDRESS	1614 1ST STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PERUCHE, NORMAN JR.	
STREET ADDRESS	3300 21ST STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VD	<input checked="" 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 checked="" 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

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PD HARPER, DELBERT
2.3 STREET ADDRESS	616 NEWBERN AVENUE NORTH
2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33703
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VD FAUNCE, DAVID
3.3 STREET ADDRESS	881 73rd AVENUE NORTH #1
3.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33703
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TD VREELAND, RICHARD
5.3 STREET ADDRESS	4148 COUNTY RD #16
5.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33709
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. Carrier* **GEORGE I. CARRIER 4/27/98 813-895-5488**

CR2E037 (10/97)