

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90023 030 ****61.25

DOCUMENT # N41669

1. Entity Name

OPEN BIBLE CHURCH, INC.

Principal Place of Business

Mailing Address

1200 30TH AVE. NORTH
 ST. PETERSBURG FL 33704

1200 30TH AVE. NORTH
 ST. PETERSBURG FL 33704-1931

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0791036

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

639471



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	HARPER, DELBERT	
STREET ADDRESS	616 NEWBERN AVE N	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FAUNCE, DAVID	
STREET ADDRESS	881 73RD AVE N #1	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE	SD	<input checked="" 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	VREELAND, RICHARD	
STREET ADDRESS	4148 COUNTY RD #16	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNON, EMORY	
STREET ADDRESS	1306 51st Avenue North	
CITY-ST-ZIP	ST. PETERSBURG, FL 33703	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

GEORGE I. CARLIER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727- 821-2752

Date

Daytime Phone #

CR2E037 (9/99)