2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment wit

SIGNATURE:

FILED DOCUMENT # N42326 May 16, 2000 8:00 am 1. Entity Name **Secretary of State** OPEN BIBLE ASSEMBLY OF GOD, INC. 05-16-2000 90789 029 ****61.25 Principal Place of Business Mailing Address 211 KANSAS AVE 259 S.W. 27TH AVE. FT LAUDERDALE FL 33312 FORT LAUDERDALE FL 33312-1862 2. Principal Place of Business 3. Mailing Address 259 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For ORIDA 65-0261508 Not Applicable Country BRDWARD \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRANK DEMARIA 10097 W OAKLAND PARK BLVD SUNRISE FL 33351 8. The above named entity pubmits 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 agen-9. Election Campaign Financing **\$5.00** May Be Make Check Payable to FILE NOW: Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ___ Addition PD TITLE TITLE ☐ Delete NAME NAME BLAKE, TERVIL A. STREET ADDRESS STREET ADDRESS 211 KANSAS AVE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL Change ☐ Addition Delete TITLE NAME NAME HEWITT, DERRIK STREET ADDRESS STREET ADDRESS 40211 KANSAS AVE CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33312 Change Addition ☐ Delete TITLE STD NAME BRYAN, RUBY STREET ADDRESS STREET ADDRESS 3492 NW 37 AVE CITY-ST-ZIP~ CITY-ST-ZIP Lauderdale Lakes Fi Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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