

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42326

1. Entity Name

OPEN BIBLE ASSEMBLY OF GOD, INC.

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90206 022 ****61.25

Principal Place of Business

259 S.W. 27TH AVE.
FT LAUDERDALE FL 33312
US

Mailing Address

211 KANSAS AVE
FORT LAUDERDALE FL 33312-1862
US

2. Principal Place of Business

259 S.W. 27 AVE

3. Mailing Address

211 KANSAS AVE

Suite, Apt. #, etc.

Ft. Lauderdale

Suite, Apt. #, etc.

Ft. Lauderdale

City & State

FLA 33312

City & State

FLA 33312

Zip

BROWARD

Zip

BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0261508

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EGNER, THEODORE K
3067 E COMMERCIAL BLVD
SUITE 203
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

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

TITLE PD
NAME BLAKE, TERVIL A.
STREET ADDRESS 211 KANSAS AVE
CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

TITLE VD
NAME HEWITT, DERRIK
STREET ADDRESS 40211 KANSAS AVE
CITY-ST-ZIP FT. LAUDERDALE FL 33312 ☐ Delete

TITLE STD
NAME BRYAN, RUBY
STREET ADDRESS 3492 NW 37 AVE
CITY-ST-ZIP LAUDERDALE LAKES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Terrell Blake
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/01

CR2E037 (10/00)