

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N97000000556**

1. Entity Name

**OPEN BIBLE MINISTRIES FT. LAUDERDALE, INC.**

Principal Place of Business

1ST CHURCH OF THE OPEN BIBLE  
2030 NW 49TH AVE.  
LAUDERHILL FL 33313

Mailing Address

1ST CHURCH OF THE OPEN BIBLE  
2030 NW 49TH AVE.  
LAUDERHILL FL 33313-4148

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-0126325

Applied For

Not Applied For

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

BAUGH, ALLAN

2030 N.W. 49TH AVENUE  
LAUDERHILL FL 33313

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 ☐ Delete  
NAME BAUGH, ALLAN  
STREET ADDRESS 4871 N.W. 7TH DRIVE  
CITY-ST-ZIP PLANTATION FL 33317TITLE SD ☐ Delete  
NAME PRESCOT, VERONICA  
STREET ADDRESS 4730 N.W. 11TH PLACE  
CITY-ST-ZIP LAUDERHILL FL 33313TITLE TD ☐ Delete  
NAME ROYES, DAPHNIE  
STREET ADDRESS 3365 N.W. 33 COURT  
CITY-ST-ZIP LAUD LAKES FL 33309TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED****Jan 31, 2000 8:00 am**  
**Secretary of State**

01-31-2000 90018 043 \*\*\*\*61.25

911408



DO NOT WRITE IN THIS SPACE

01-24-00