

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90765 047 *****70.00

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**

2. Principal Place of Business

1ST CHURCH OF THE OPEN BIBLE

3. Mailing Address

1ST CHURCH OF THE OPEN BIBLE

Suite, Apt. #, etc.

4767 N.W. 24TH CT.

Suite, Apt. #, etc.

4767 N.W. 24TH CT.

City & State

LAUDERDALE LAKES FL.

City & State

LAUDERDALE LAKES FL.

Zip

33311

Country

U.S.A

Zip

33311

Country

U.S.A

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0126325**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**BAUGH, ALLAN
2030 N.W. 49TH AVENUE
LAUDERHILL FL 33313**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAUGH, ALLAN 4871 N.W. 7TH DRIVE PLANTATION FL 33317	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PRESCOTT, VERONICA 4730 N.W. 11TH PLACE LAUDERHILL FL 33313	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROYES, DAPHNIE 3365 N.W. 33 COURT LAUD LAKES FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

Allan Baugh 4-10-03
ALLAN BAUGH

CR2E037 (10/02)