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

## DOCUMENT # N0000000748

1. Entity Name

OPEN DOOR MINISTRIES & ASSOCIATES, INC.



FILED Apr 09, 2003 8:00 am Secretary of State 04-09-2003 90124 033 \*\*\*\*61.25

		•			TIEST						
Principal Place of Business Mailing			ng Address								
6785 NW 169 ST. UNIT B 6785 N			NW 169 ST. UNIT B II LAKES FL 33015								
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2. Principal Place of Business		3. Mailing Addre	3. Mailing Address								
Suite, Apt. #, etc	).	Suite, Apt. #	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State		City & State				4. FEI Number 65-0978472		<del> </del>	Applied For X Not Applicable		
Zip	Country	Zip		Country		5. Certificate of Statu	s Desired	\$8.75 Ad			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
	··· ·			Name			4		]		
SPIEGEL & UTRERA, P.A. 1840 SW 22ND STREET MIAMI FL 33145				Street Address (P.O. Box Number is Not Acceptable)							
				City	City FL Zip Code						
	ed entity submits this statemer of registered agent.	nt for the purpose of ch	anging its regis	stered office or	r registere	ed agent, or both, in the	State of Florida.	I am familiar with,	and accept		
SIGNATURE	ture, typed or printed name of registered a	cent and title if applicable.	(NOTE: Regi	istered Agent signati	ure required v	when reinstating)		DATE			
	and the second of the second o	Same and a alchaeses,	(								
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.				Α	DDITIONS/CHANGES	TO OFFICERS A	ND DIRECTORS IN			
TITLE PD	TITLE PD Delete TITLE							☐ Change	☐ Addition 3		

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10.	OFFICERS AND DIRECTORS			ADDITIONS/CHANGE	SES TO OFFICERS AND DIRECTORS IN 10		
	PD Jackson, Nathaniel SR 6785 NW 169 ST, Unit B Miami Lakes FL 33015	☐ Deiete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	• 10	,	☐ Change	☐ Addition
TITLE NAME	STD JACKSON, JANICE J 6785 NW 169 ST, UNIT B MIAMI LAKES FL 33015	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	DSANDERS, MAURICE 6785 NW 169 ST, UNIT B MIAMI LAKES FL 33015	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		34	Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	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 likelempowered.

SIGNATURE: