

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748895

1. Entity Name
OPEN DOOR BAPTIST CHURCH OF FT. LAUDERDALE, INC.

Principal Place of Business
3900 NW 40 AVE.
LAUDERDALE LAKES FL.
33319

Mailing Address
4400 NW 45 AVE.
TAMARAC, FL. 33319

2. Principal Place of Business
3900 NW 40 AVE.
Suite, Apt. #, etc.

3. Mailing Address
4400 NW 45TH AVE.
Suite, Apt. #, etc.

City & State
LAUDERDALE LAKES, FL.
Zip 33319 Country BROWARD

City & State
TAMARAC, FL.
Zip 33319 Country BROWARD

4. FEI Number 59-1969037 Applied For ☒ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

74699

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name LARRY J. JOHNSON
Street Address (P.O. Box Number is Not Acceptable)
4400 NW 45TH AVE.
City TAMARAC FL Zip Code 33319

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: Larry J. Johnson LARRY J. JOHNSON
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	TD	<input checked="" type="checkbox"/> Delete
NAME	PYFROM, ALLISON	
STREET ADDRESS	5189 NW 41ST ST.	
CITY-ST-ZIP	LAUDERDALE LAKES, FL.	
TITLE	SPD	<input checked="" type="checkbox"/> Delete
NAME	CUNNINGHAM, KEITH	
STREET ADDRESS	3554 32ND ST.	
CITY-ST-ZIP	LAUDERDALE LAKES, FL.	
TITLE	YD	<input type="checkbox"/> Delete
NAME	NICHOLSON, CLEVELAND	
STREET ADDRESS	3541 NW 23RD ST.	
CITY-ST-ZIP	LAUDERDALE LAKES, FL.	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'MEALLY, COLLETTE	
STREET ADDRESS	6291 NW 14TH ST.	
CITY-ST-ZIP	SUNRISE, FL. 33313	
TITLE	SPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY J. JOHNSON	
STREET ADDRESS	4400 NW 45TH AVE.	
CITY-ST-ZIP	TAMARAC, FL. 33319	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an address, with all other like empowered.

SIGNATURE: Larry J. Johnson LARRY J. JOHNSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-6-01 954-717-2180
Date Daytime Phone #