

2002 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
US

Mailing Address

4400 NW 45TH AVE.
TAMARAC FL 33319
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, LARRY J
4400 NW 45TH AVE.
TAMARAC FL 33319

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
NICHOLSON, CLEVELAND
3541 NW 23RD ST
LAUDERDALE LAKES FL

☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP

TD
O'MEALLY, COLLETTE
6291 NW 14TH ST.
SUNRISE FL 33313

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STREET ADDRESS
CITY-ST-ZIP

SPD
JOHNSON, LARRY J
4400 NW 45TH AVE.
TAMARAC FL 33319

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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-02

Date

Daytime Phone #

CR2E037 (9/01)

30672