



# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 DEC 22 AM 10:46

<b>DOCUMENT # 748895</b> 1. Entity Name OPEN DOOR BAPTIST CHURCH OF FT. LAUDERDALE, INC.					
Principal Place of Business 6776 SUNSET STRIP SUNRISE, FL 33313 US			Mailing Address 33 NW 42ND TERRACE PLANTATION, FL 33317 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 6776 Sunset Strip			
City & State Sunrise, FL		City & State Sunrise, FL		4. FEI Number 59-1969037	
Zip 33317		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent BLAKE, ORVILLE 33 NW 42ND TERRACE PLANTATION, FL 33317			7. Name and Address of New Registered Agent Name: BLAKE ORVILLE Street Address (P.O. Box Number is Not Acceptable): 6776 SUNSET STRIP City: SUNRISE FL Zip Code: 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. I am familiar with, and accept the obligations of registered agent.					
X SIGNATURE: <u>Orville Blake</u> <span style="float: right;">12/21/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$236.25</b> <b>After January 1, 2006, Fee will be \$297.50</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT NICHOLSON, CLEVELAND 3541 NW 23RD ST LAUDERDALE LAKES, FL 33311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900062956019 12/22/05--01042--012 **245.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLACKMAN, KURT 6801 NW 6 COURT MARGATE, FL 33063	<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	PD BLAKE, ORVILLE 33 NW 42ND TERRACE PLANTATION, FL 33317	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLAKE ORVILLE 6776 SUNSET STRIP SUNRISE, FL 33313	
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"/> 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"/> Delete		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.					
X SIGNATURE: <u>Orville Blake</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

12/22/05