

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

FILED
May 12, 2003 8:00 am
Secretary of State

02-17-2003 90192 021 ****61.25

DOCUMENT # 748895

1. Entity Name

OPEN DOOR BAPTIST CHURCH OF FORT
LAUDERDALE



DO NOT WRITE IN THIS SPACE

55039844

2. Principal Place of Business

3900 N. STATE RD #7

Suite, Apt. #, etc.

3. Mailing Address

33 NW 42nd TERRACE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAUDERDALE LAKES, FL

Zip

33309

Country

BROWARD

City & State

PLANTATION, FL

Zip

33317

Country

4. FEI Number

59-1969637

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ORVILLE BLAKE

Street Address (P.O. Box Number is Not Acceptable)

33 NW 42nd TERRACE

PLANTATION

City

FL

Zip Code

33317

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

Orville Blake

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/12/03

DATE

FEE IS \$61.25

Initial or Amended UBR

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
ORVILLE BLAKE
33 N.W. 42nd TERRACE
PLANTATION, FL 33317

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
CLEVELAND NICHOLSON
3541 N.W. 23RD ST
LAUDERDALE LAKES, FL 33311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
MARILYN McCLAIN
3741 N.W. 27th COURT
LAUDERDALE LAKES, FL 33311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Orville Blake

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/12/03

Daytime Phone #

CR2E037B (12/02)